

**AN ANALYSIS OF CURRENT POLICY AND FUTURE DIRECTIONS ON
ILLICIT DRUGS:
A CASE STUDY ON THE MALDIVES**

By

Mariyam Zaahiya

THESIS

Submitted to
KDI School of Public Policy and Management
in partial fulfillment of the requirements
for the degree of

MASTER OF PUBLIC POLICY

2008

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ABSTRACT

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Illicit drug abuse has become serious problem worldwide and is making the work of the authorities' job difficult in terms of handling the problem effectively and efficiently. There have been different approaches, strategies undertaken by different countries in the attempt to control the problem. In this respect, the policy approach that has emerged so far includes; prohibitionist approach, public health approach, and harm reduction. However recently, many countries are adopting comprehensive approach towards the drug problem, which intends to attain the problem in a comprehensive, cohesive and an integrated manner.

The purpose of this study is to examine the current drug policy of the Maldives and explore the reasons why the country is unable to attend the drug problem effectively as the country is currently undertaking the most widely used drug strategies in the world. Upon discovering the loopholes in the current policy framework, the study further aims to identify and suggest a policy framework that is best suitable for the Maldives to undertake in attaining the fight against drugs. To achieve this purpose, a detailed, in-depth case study analysis was used in order to understand the problem in the course of identifying the current context of the problem and position the study to find answers to the objectives. In order to carry out this qualitative study, data were collected from different sources including interviews, telephone survey and reviewing documents on the subject matter. The study used a theoretical framework of comprehensive approach where the main components include the strategy, stakeholder, monitoring and evaluation and the budget.

The study revealed that the current strategies used to control the drug problem in the Maldives were effective, however the efforts taken by the relevant agencies were not effective. This in turn is making the drug situation worse though the country pursues the most prevalent strategies in the world. The study further analyzed the underlying reasons for the problems in the current system of the Maldives and it identifies that the underlying reasons are convergent towards the failure to possess a comprehensive approach in the attempt to control the problem. Because of this contention, the study further verified how a comprehensive approach could assist in achieving successful results in the fight against drugs and more specifically in the Maldivian context.

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ABBREVIATIONS USED

Drug Control Master Plan	DCMP
Drug Rehabilitation Centre	DRC
Maldives Customs Services	Customs
Maldives National Defence Force	MNDF
Maldives Police Services	Police
Ministry of Health	MoH
Ministry of Planning and National Development	MPND
National Association for Public Health Policy	NAPHP
National Household Survey on Drug Abuse	NHSDA
National Narcotics Control Bureau	NNCB
Non-governmental Organizations	NGO
Rapid Situation Assessment	RSA
United Nations	UN
United Nations Development Program	UNDP
United Nations Office on Drugs and Crime	UNODC
World Customs Organizations	WCO

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

Illicit drug abuse is a serious problem worldwide (Ritter, Bammer et al., 2007) and today the pattern of drug abuse is taking a turn for the worse (Room, 2006). The truth in this statement is clearly observed with regard to the comprehensive and the balanced information provided by the United Nations Office on Drugs and Crime (UNODC) on the daunting nature of drug abuse across the globe. According to their findings, in 2005 and 2006 the global markets for the main illicit drugs, namely the opiates, cocaine, cannabis, and amphetamine-type stimulants remained largely stable (UNODC, 2007). The findings also reports that about 200 million people use illicit drugs each year globally, despite the tremendous efforts made to control the problem by the relevant authorities both nationally and internationally (UNODC, 2007).

According to UNESCO (1999), the escalation of the drug problem also meant more and more people being arrested, incarcerated and admitted to treatment and emergency rooms for drug-related crises. Similarly, drug-related deaths are found to be increasing in the United States, the United Kingdom, Spain, Netherlands, Italy and Sweden (Miller, 2001). Moreover, high rates of Hepatitis-C¹ infection is reported in Australia and also in countries such as Spain, the United Kingdom, the United States, the Netherlands, Italy and Sweden (Fitzgerald and Sowards, 2002). UNODC (2004) further adds to these facts stating that the drug dilemma does not remain within the addicts, abusers and the negative consequences purely attached to the phenomenon. Instead, the drug dilemma affects the wider society at large to varying degrees ranging from increasing national expenditure on preventive and curative expenses,

¹ Hepatitis-C is a blood-borne infectious disease that is caused by the Hepatitis C virus (HCV), affecting the liver.

increasing the numbers and types of crimes, declining societal values and many more. Such observations therefore accentuate the complexity of the problem of drug abuse and efforts to prevent it, whereby making it a war on families, a war on public health and a war on economy (Witters, Venturelli et al., 1992).

Efforts to curb drug abuse have taken different forms, at different times in its history. However, even at present these efforts are among the hot debates in the social arena. Likewise, opponents of criminalization of drug abuse states that criminalization of drugs itself is held responsible for the increased drug-related crimes that we are witnessing today (Cain, 1994). Whilst, proponents of the public health argues that lack of well-developed advocacy of community and resources, restricts the access to clean needles, which in turn is the reason for the exacerbation of HIV and Hepatitis-C cases (Birkhead, Klein et al., 2007) (National Association for Public Health Policy (NAPHP), 1999). Apart from these problems associated with the focus of the drug policy, individual measures taken to control the dilemma are also been severely beleaguered. Such occasions include when the approaches of the drug education programs are found to be dishonest and inflammatory (NAPHP, 1999); the children of inmates are found to be at risk of educational failure, joblessness, addiction and delinquency (Aoyagi, 2006); and when there is no improvement in the relapse rate of addicts in the dilemma (Abandinsky, 2008). These delinquencies in the drug policies therefore poses questions such as what are the relative priorities that should be followed in allocating resources to the best drug policy interventions (Ritter, Bammer et al., 2007); will there be a cause for optimism in adopting a dynamic perspective with regard to the drug policy (Caulkins, 2007); or should we consider decriminalization or legalization for some drugs, or else for all of illegal substances? (Cain, 1994). These divergent views on the topic has created a juncture to the drug policy debate in the recent years and have consequently made the job of the authorities' difficult in deciding on the best option(s) in better handling the drug

problem. In this context, the current drug policy debate vest with the broad arena of prohibition, harm minimization, legalization or either a combination of two or all of it.

In the Maldives, the drug policy came into existence with the official recognition of the problem in 1977, when a tourist was arrested in the course of bringing 350 grams of hashish oil into the country (National Narcotics Control Bureau (NNCB), 2003 ; NNCB, 2008). From then onwards the country pursued a punitive prohibitionist approach in the fight against the drug problem. However, with the establishment of NNCB in 1997 marked the inclusion of diversion approaches in the drug policy. As a result, treatment and prevention was given equal importance with that of the law enforcement to control the plaguing situation of drugs in the country. The presumed reasons for the diversion approach are that the authorities learnt that the objectives of the prohibitionist approach were not achieving successful results and they wanted to test new innovations made in the field of drug problem. However, even after incorporating the diversion approaches together with maintaining the prohibitionist stance, it is of no doubt that the current drug policy is unable to attain its objectives successfully. The reasons for the failure of the current drug policy of the Maldives is supposedly due to the number of problems associated with the vision, strategies, stakeholders, evaluation mechanisms and also the allocated budget in the course of dealing with the drug problem. Additionally, failure to undertake systems approach to understand the phenomenon is equally to be held responsible for the failure of the current drug policy of the Maldives.

1.2 THE PROBLEM STATEMENT

The Maldives being one of the smallest countries in the world, it is important to note that it is also not impervious to the drug dilemma. With regard to the number of addicts and abusers, it may seem that the problem is not a big issue compared to the

other countries having the same problem. However, if one makes note of the fact that 42 percent of the population comprises of people between 20 to 49 years of age (Ministry of Planning and National Development (MPND), 2006) and more than 12,000 youth make use of illicit drugs (Naseer, 2008), this portrays the illicit drug problem of the Maldives having a daunting situation. In addition, when considering the population growth rate of the country, which is 1.69 percent per annum (MPND, 2006), the problem becomes a threat to the small country for various reasons. This include, the Maldives being poor in natural resources and the Maldivians been few in numbers, the country requires its entire population to responsibly contribute to the development of the country. Secondly, the Maldives practicing Islam as a religion and consequently following the Islamic practices including the prohibition of alcohol and any forms of drugs is at the verge of losing its rich culture and societal values due to the increasing number of drug abusers and its consequences. Thirdly, the Maldives being a third world country, it finds hard to accommodate the huge costs involved in fighting against the drug problem, and at the same time these expenses hinders the development plans of the country. Such grounds therefore leave the country with no choice, but to make use of the best options available, with that of making the best fit between the options and the context that it is been applied.

At present, the Maldives is undertaking the most prevalent drug strategies used worldwide to fight against the drug problem. However, despite this fact the number of drug addicts, the amount of drug seizures and other drug-related activities are rising at soaring heights than ever recorded before. This conundrum is not applicable to the Maldives alone, but almost all the countries are experiencing the same dilemma and are working to develop better approaches and strategies to win the battle against the daunting problem (Wodak and Moore, 2001). In this respect, following are some of the questions that are prevalent on the topic of illicit drugs in the Maldives: how effective is the current drug policy in the Maldives in successfully achieving its goal?;

to what extent the Maldives pursues the most prevalent drug strategies?; what are the underpinnings for the Maldives being unable to achieve successful results in the fight against drugs? and what possible amendments and new concepts are necessary in effectively dealing with the drug problem? These questions further make it clear the contesting views on the current drug policy and the need to amend or redevelop the drug policy of the country.

It can be supposedly said that the Maldives is deprived of achieving successful results in their drug policy due to the very many pores existent in the current policy framework. The failure of the policy further can be attached to lack of amendment(s) and search for innovatory mechanism(s) as and when the problem developed from bad to worse. The success or failure of the drug policy can vary in accordance to addressing these issues appropriately. In addition, note to be made that without the appropriate framework (i.e. support, commitment and accountability of the stakeholders, sufficient funds, trained personnel, proper implementation and evaluation mechanisms, the need for community involvement and most importantly the emphasis on a comprehensive and an integrated nature of policy) the success of the drug policy will be limited.

1.3 PURPOSE STATEMENT

The purpose of this study is to examine the current drug policy of the Maldives and explore the reasons why the country is unable to attend the drug problem effectively as the country is currently undertaking the most widely used drug strategies in the world. Upon discovering the loopholes in the current policy framework, the study aims to come up with a policy framework that is best suitable for the Maldives in succeeding the fight against illicit drugs.

1.4 COUNTRY PROFILE

The Maldives is an island nation comprised of 1190 coral islands taking an area of about 100,000 square kilometers of the Indian Ocean. The islands are resource poor and are barely one meter above sea level. Its population inhabits only in 200 islands. For administrative purposes, these islands are divided into 20 administrative regions², with its capital Male' being the hub of all government and economic activities. According to the Census of 2006, the population of the country was reported approximately 298,842, while half of them are anchored in the capital³ (MPND, 2006). The figures of Census 2006, further reveals that out of the total population, 44 percent comprised of less than 15 years of age and the population growth rate is 1.69 percent per annum (MPND, 2006). Currently the elderly population over 65 is 6 percent. This together with the 44 percent below the age of 15 years gives a dependency ratio of 50 dependents per 50 people of working age. It is also important to note that there are approximately 70,000 expatriate workers reported in the Maldives in 2004 (MPND, 2007).

The country's economy has been growing at an annual average rate of 8.5 percent for the past two decades with a GDP per capita of USD 2,401 in 2004 (MPND, 2005). This figure is the highest among the South Asian countries and is almost 20 percent higher than most developing countries (NNCB, 2003). Tourism is the main industry contributing close to 33 percent of the GDP while fisheries and trade follows close behind. Tourism sector has also made remarkable successes in the recent years. This includes from the year 2000, tourist arrival has been recorded more than the population of the country and the year 2006 marked the number of tourist arrival over

² Atoll is referred by Webster's Dictionary as a ring-shaped coral island and its associated reef, nearly or quite enclosing a lagoon.

³ The capital is approximately 2 square kilometers, making it one of the most densely populated urban cities in the world with more than 74, 000 persons per square kilometer.

650,000 reporting a number double that of the population of the country (MPND, 2007).

The Maldives embrace Islam as the religion since 1153 AD and practices most of the Islamic laws (Islamic Shariah') while remaining unique and not necessarily reflecting the views of other Islamic nations.

1.5 THE PREVALENCE OF ILLICIT DRUG ABUSE IN THE MALDIVES

In the Maldives, illicit drug-abuse or forms of drug-related issues came into existence, not before the mid 1970s. It is widely believed that the endangering situation was laid due to increased exposure of the country to the outside world by means of tourism (NNCB, 2003; NNCB 2008). The argument is further attached to the official recognition of the problem in 1977, when a tourist was arrested in the course of bringing 350 grams of hashish oil into the country (NNCB, 2003; NNCB, 2008). Additionally, the strategic location of the Maldives, being near to the “golden crescent⁴” and the “golden triangle⁵” is considered another contributing factor to the advancement of the drug contention in the country. This is in terms of using the Maldives, as a potential base-point for illegal shipments of precursor chemicals or large quantities of drugs meant for other countries (NNCB, 2003). However, experts in the field also suggest that it would be hasty to draw up a cause and effect relationship as the period coincided with many other changes including global escalation of drug abuse and increased overseas travel by the Maldivians themselves.

4 Asia's principal area of illicit opium production, located at the crossroads of Central, South, and Western Asia. The space overlaps three nations, Afghanistan, Iran, and Pakistan, whose mountainous peripheries define the crescent.

5 Is one of Asia's two main illicit opium-producing area. It is an area of around the mountains of four countries of Southeast Asia: Myanmar (Burma), Laos, Vietnam, and Thailand. (Other interpretations of the Golden Triangle also include a section of Yunnan Province, China.)

The main forms of drug abuse since then are heroin, brown sugar and cannabis and its derivatives. However, cases of cocaine abuse and the use of MDMA or ecstasy pills have also been reported rarely. In 1996 a total of 241 cases of drug abuse were reported by the Maldives Police Services (Police) and prior to 1993, the majority of drug offenders were between the age of 25 and 40 years. However, with the introduction of heroin in 1993, drug abuse among young-age group has escalated dramatically and currently the age group consists mainly of males between 16 and 25 years. In 1998, over 450 arrests were made on drug abuse and drug-related offences. According to Jenkins (2000) drug abuse in the Maldives is reported to have increased 40-fold between 1977 and 1995. And as to the growing trend in the problem, the relevant authorities have estimated that at present there would be around 2000 to 3000 severe addicts in the country (NNCB, revised 2006).

Similar trends was witnessed with regard to drug-related offences, as the Police reports that there were 239 drug offences in 2001, followed by 378 in 2003, 609 in 2005, and 1501 in 2007 (Police, revised 2008). A daily newspaper further reports that in the present situation, approximately 80 convicts are jailed for drug-related offences per month and out of the current convicts in the jail, 85 percent of them comprises of those related to drug-related crimes (Naseer, 2008). The figure is alarming in proportion to the few population of the country, as well as while estimating the victims that may fall into the dilemma, as presently 42 percent of its population are between the age of 20 to 49 (MPND, 2006). The seizure statistics from the Maldives Customs Services (Customs) further enriches the information on the drug-related activities as it reports increasing trend in the problem. According to Customs, seizures were very low in 2002 amounting to only 11.25 grams of cannabis, while in 2003 it mounted to 14.84 grams of cannabis, 26.44 grams of heroin and 21 grams of psychotic substances (NNCB, 2008). In 2004, seizures increased considerably amounting to 58.82 grams of cannabis products, 461.65 grams of heroin, 0.5 grams of cocaine and

1.184 grams of psychotic substances (NNCB, 2008). The statistics for eight months of 2005 shows a continuation of the rising trend with seizures of heroin (449.69 grams) and cannabis products (0.48 grams) (NNCB, 2008). More recently, the seizures of 2.1 kilograms of heroin in the late 2007 (Naseer, 2008) and 189 heroin bullets found inside a person in the early 2008 (Police, revised 2008) further shows the daunting nature of the problem. All the seizures in 2005 and 2007 have been made at the airport, while most of the drug addicts and drug law enforcement officers consider the main entry points to be the seaports (NNCB, 2008). Apart from the above statistics, one of the very significant case found about drugs was the case of 1697 sacks of drugs found buried in the lagoon of North Ari Atoll Maavaru in April 2006 (Moosa, 2006). These packets amounted to 1.6 tonnes of cannabis, making it the largest seizure of any kind of drugs ever in the country.

Despite the fact that the country was under the threat of drug abuse ever since the mid 1970s, there were minimal research conducted in small scale till 2003. The Rapid Situation Assessment (RSA) by the Maldivian government with the assistance from the United Nations Development Program (UNDP) manifested the first comprehensive research on the issue (NNCB, 2003). The main aim of the RSA was to identify the actual drug scenario in the Maldives, and to prepare a national master plan for drug abuse control. The findings of the report shocked the authorities as it warned the seriousness of the issue, marking it as the most serious problem facing the country at present. The study was conducted on 264 drug addicts over the age of 16 years and from the responses the report identified the growing nature of the issue in the Maldives. According to the report, opiates, mainly in the form of heroin were the drug of initiation for 43 percent of respondents, followed by cannabis by 34 percent of the respondents. The most commonly abused drug during the month preceding the survey were opiates and cannabis. The uses of alcohol, eau-de-cologne, inhalants, solvents and sedative or hypnotics were also found. About 8

percent of the respondents reported intravenous drug use and half of them have started injecting before 17 years of age (NNCB, 2003). The report also found the overwhelming majority (97 percent) of the drug abusers were males (NNCB, 2003).

Adverse consequences of drug use were also reported in the RSA. This includes that 94 percent of respondents had reported legal problems after drug use; 55 percent of the respondents had been under Police lock-up in the previous year; 38 percent had been jailed and 17 percent had been jailed in the previous year (NNCB, 2003). It also states that when the report was conducted there were more than 800 drug users in the prison (NNCB, 2003). Additionally, in 2002 the authorities reported that the problem of drug-related offences have become the most frequent one faced by the Maldivian criminal courts, showing a 200 percent increase in the recent years (NNCB, 2003). The rapid increase in drug abuse has further created greater pressure to the health care and law enforcement authorities as the drug abusers are mainly young people between the age of 16 and 30 years old, while they are being looked upon for the future of the country. Hence, the mounting trend of the drug-related issues in a small developing country like the Maldives is indeed, an alarming trend.

1.6 CURRENT POLICY

The Maldives being an Islamic country prohibits any form of illicit drugs including consumption of alcohol by Islamic Shariah'. Once the outbreak of illicit drugs was reported, the Maldives, as that of the other countries strongly opposed the illicit drug problem and used strict punitive prohibitionist approaches to combat the problem. The main aim of this anti-drug approach was to stop narcotic drugs, psychotropic substances and precursor chemicals entering the country. However, after learning about the multifaceted nature of the problem, the Maldives also gradually started to incorporate other approaches that are widely used in other countries facing the

problem of drug abuse. Today, the approach undertaken by the Maldives can be viewed as a mixture of both prohibition and harm reduction however the prohibition stand dominates the current efforts towards the problem. Within this framework, the strategies undertaken by the authorities' falls into four major categories, namely law enforcement, treatment, prevention and supply disruption (NNCB, 2003). And it is these four strategies which ultimately are serving as the drug policy of the country.

1.6.1 Law Enforcement

It was not before the official recognition of the drug epidemic in 1977, the government acted in formulating the first principal legislative act of the Maldives dealing with narcotic drugs and psychotropic substances. As a result, the Law on Drugs (Law No. 17/77) was passed and enforced in the same year. According to this law, it prohibits possession, production, importation or trade of any forms of drugs (both illicit and controlled drugs). Therefore anyone having one gram or less than one gram of drugs is banished, imprisoned or on house arrest between 5 to 12 years. And if the amount is more than one gram, the person is deemed to be a trafficker and is sentenced to life imprisonment. Repeated offenders under this law are to be sentenced to the severest penalty that is prescribed in the law (i.e. 12 years for possession of one gram or less) (*Maldives Penal Code*).

To ensure the validity of the measure, the law has been closely followed up and strengthened as to the new developments in the arena of the illicit drugs. Likewise, the government introduced substantial amendments to the law in 1995. Major attainments include differentiating the users from the dealers or traffickers and awarding penalties for the two groups separately. Life imprisonment and 25 years of sentence is awarded for those involved in illicit drugs other than the prime users. The amendment also laid provisions for treatment and rehabilitation

of drug users and a system of parole for the first time users. It also paved way for legal immunity for those who opt for voluntary rehabilitation. The changes in the law were also aligned with the international standards upon ratification of *Single Convention on Narcotic Drugs* of 1961 (as amended by the 1972 Protocol) and *United Nation (UN) Convention on Psychotropic Substances* of 1971. Apart from these amendments, minor changes have been made in 1997 and 2001 as well (NNCB, 2003).

The prime interest of this strategy is to minimize or halt the new comers as well as the repeaters into the turmoil of the drug-related issues as the measure itself is imposing negative reinforcement to the offenders. The strategy also acts in reducing supply as it acts against trafficking of narcotics. Very recently, some key amendments to the law have been proposed including the issues of precursors and money laundering (NNCB, 2008). Once these amendments have been enforced, any illegal financial transactions related to drug trafficking (for example money laundering) and organized crimes would be punished under the law.

1.6.2 Treatment and Rehabilitation

At the outbreak of the drug epidemic, there exist no specific authority for treating and rehabilitating the abusers. Therefore at its very infant stage, Ministry of Health (MoH) was handed over the responsibility of handling the drug abusers in terms of treating and also enforcing preventive measures. However once the government established the National Narcotics Control Bureau (NNCB)⁶ in 1997, the responsibilities vested on the MoH regarding the drug abuse was shifted to the bureau. Likewise their primary mandate at its beginning was to run and develop the rehabilitation component and conduct prevention programs. In this

⁶ Formerly known as Narcotics Control Board (NCB), which lies directly under the President's Office.

context, the bureau undertakes its duties through the residential care and community development programs. Residential care is provided through a therapeutic community model⁷ where facilities such as counseling, library services, computer services, vocational training, gymnasium, medical services and a mosque are provided in the course of treating the convicts. The hub of the rehabilitation program is Drug Rehabilitation Centre (DRC), which was established on the same year with that of the NNCB. The centre is located in an inhabited island named Himmafushi with an initial capacity of 150 beds. However the figure has been expanded recently to accommodate 200 beds. Once the clients graduate from the DRC, they are transferred to Halfway House located in the capital for the community component of their rehabilitation. The programs offered in the Halfway House are designed to help clients to re-integrate themselves into their families and the community.

In both residential and non-residential treatment, the clients receive comprehensive drug education and psychotherapeutic interventions in their drug abuse problems. Likewise, the programs associated with cognitive behavioural therapy assist in dealing with various aspects of their lives and themselves. Similarly, the therapeutic programs included in the daily programs comprise of anger management, drug education, and problem solving skills and overcoming depression. In addition, a structured daily physical exercise program is implemented, and various educational and skill workshops are held regularly. These programs are delivered in the form of counseling sessions, self-help groups, academic, vocational and language classes, random urine testing and strict supervision and monitoring of the clients by its staffs. All these programs place considerable emphasis on religion and spirituality as the culture of the

⁷ In the therapeutic community model, clients undergo a number of stages of treatment and are rewarded by increasing levels of responsibility and authority. Even when these clients are released, they are followed up for a period of time to ensure the person is living a drug free life.

Maldives is derived from the Islamic practices which denounce any form of illicit drugs (NNCB, 2003). NNCB also provides assistance to clients in securing employment. In other words, the treatment and rehabilitation program works as parole system where once the community rehabilitation program is successfully completed, the legal sentence gets annulled (NNCB, 2003).

The avenues for referral to treatment and rehabilitation are on a voluntary admission or an admission that is triggered by the Police recommendation. The procedure is to give some first time, nonviolent offenders who have been convicted of minor possession offences, the option of undertaking the rehabilitation program in lieu of being processed through the normal courts. Successful completion of the treatment and rehabilitation means that the alleged offence will not be further prosecuted. Hence, the main aim of this strategy is to focus on relapse prevention by resolving the problems face by the recovered convicts when they return to the community. In this way, rehabilitation services are structured in various stages, allowing the clients to become gradually stabilized and self-reliant on them.

1.6.3 Prevention

In terms of preventive measures, the present strategy is to provide awareness among the general public. These programs took different shapes as and when it moved along the way. The main differences lay at the kinds of programs offered, to whom the programs were conducted and how frequent were those programs conducted. At its very beginning, there was no or minimal programs conducted. And these programs were only in the form of public speeches and advertisements through the public television and radio. However, once the NNCB was mandated to handle the drug-related issues, they incorporated varying measures instead of

limiting it to the existing measures. Some of the new measures include developing awareness programs for different target groups⁸, inclusion of islanders separately⁹ in their programs, conducting workshops and trainings for the relevant authorities in terms of dealing with the convicts and also increasing the number of programs undertaken each year. The existing programs were also strengthened to ensure the credibility of the programs in terms of its contents and frequency. Presently, the NNCB has taken a step ahead in strengthening this measure as they have started providing training for counselors to overcome the shortage of manpower problem in this area.

1.6.4 Supply Disruption

In the Maldives, where there is no manufacturing, cultivation or production of illicit drugs, the only way of presence of drugs is through importation. Thus, disruption of the supply of drugs from the entry points became an important measure undertaken to control the incoming supply of illicit drugs into the country from various sources. Likewise, enforcement agencies like the Police, Maldives National Defence Force (MNDF) formerly known as National Security Services (NSS), and the Customs has been upgraded and assigned with high priority to supervise all incoming containers from different countries as the Maldives is heavily dependent on imports (NNCB, 2003, 2008). Supervisions are therefore conducted by using modern technology and widely used international tactics to ensure the validity of the strategy.

8 This included programs for all parents of school children of below grade 7 both in the capital and other islands, life skills and drug awareness classes for students above grade 8 and awareness programs in atolls targeted to the island chiefs, healthcare workers, teachers, island committee chairpersons and youth. These programs are conducted on annual basis.

9 This was because islanders are very much different from the people living in the capital in terms of education, awareness, beliefs etc, which required them to be given customized programs with different contents.

It is to be noted that treatment and rehabilitation and prevention strategy falls under the broad category of demand reduction of illicit drugs. And more specifically the introduction of treatment and rehabilitation strategy means that the Maldives is moving away from the punitive prohibitionist approach whereby incorporating diversion approaches as that of the other countries. Whilst, the law enforcement strategy acts in both reducing demand for and supply of illicit drugs in the country while supply disruption acts in supply reduction of the illegal drugs in the country. Apart from the two major strategies of demand reduction and supply reduction, the Maldives has recently introduced the involvement of community in controlling the escalating trend of the drug problem. However, community involvement is limited to only encourage reporting any behaviours relating to drug abuse in the community to the relevant authorities.

With regard to the above account on the current drug policy of the Maldives, it can be said that it tries to exact the convicts in one way or another. That is either by force or providing medical treatment and also suppressing the issue with the use of proactive measures. Hence, it must also be noted that these policy measures are the most prominent forms of addressing the illicit drug problems in other countries as well.

1.7 ENFORCEMENT INSTITUTIONS

Enforcement agencies of these policy measures work collectively to address the plague of illicit drugs in the Maldives. Likewise major law enforcement agencies include the Police, MNDF, Customs and NNCB. The Police and MNDF are the primary authorities responsible for drug intelligence and investigation, narcotics identification and surveillance. It undertakes the responsibility of arrests and seizures related to illicit drugs in the country. In addition, the Police actively coordinate the demand reduction programs carried out by the NNCB, whereby participating in their

advisory committee and in their prevention and awareness programs. The Customs plays a pivotal role in preventing the entry of illegal substances with the use of surveillance system on the seaports and airports, together with arresting the drug traffickers. The Customs also collaborates with NNCB in their advisory committee decisions on treatment and rehabilitation and participates in prevention and awareness programs. Although health sector contribution is crucial to the drug issue, their involvement is only limited to sharing the psychiatrists expertise knowledge with NNCB as and when requested and to provide consultation services to drug addicts with co-morbid psychiatric conditions. The MoH participates in the advisory committee discussions of NNCB, providing advice on the treatment decisions and rehabilitation of drug dependents. NNCB as was mentioned above was first mandated to carry out the rehabilitation and prevention strategy (NNCB, revised 2006). However, in 2005 the mandate was broadened to include the coordination of drug supply reduction activities. And currently, NNCB is responsible for overall coordination of all aspects of the response against drugs. Thus, the current primary responsibilities of NNCB are demand reduction, awareness building, treatment, rehabilitation and liaison with international agencies. Apart from these, NNCB also collaborates with other governmental organizations and also with non-governmental organizations (NGOs) in undertaking its duties and especially for awareness generation and prevention (NNCB, revised 2006).

Apart from the government institutions, the role of the non-government sector has increased in the area of drug abuse prevention. One of the local NGO, *The Journey*¹⁰ has made drug abuse prevention part of their mandate and is currently undertaking projects to complement the role of the government in this field. NGOs including *Fashan*, *Society for Health Education (SHE)* and *Society for Women Against Drugs*

¹⁰ The Journey is a NGO run entirely by recovering addicts to provide aftercare, support and peer counseling services for other recovering addicts.

are some of the leading NGOs in the field, especially in terms of conducting prevention programs. The Maldives is also actively working with the neighbouring countries as well as with the Interpol and World Customs Organizations (WCO). Likewise, the government of Maldives is active in the battle against illicit drugs in the SAARC region and has ratified the *SAARC Convention on Narcotic Drugs and Psychotropic Substances*, which aimed at ensuring proper implementation of the provisions of the 1988 UN Convention (NNCB, 2008).

1.8 WORK IN PROGRESS ON DRUG CONTROL

As to the current developments on drug control, NNCB with the assistance of UNODC has recently formulated the first national master plan for drug control named as “*Maldives: Drug Control Master Plan*” (DCMP). This is the result of the RSA conducted in 2003 which prompted the seriousness of the drug dilemma in the country. In the course of preparing the DCMP, a series of seminars were held with the representatives from all walks of life, including administrators, law enforcement agencies, health workers and educators (NNCB, 2008). This was then followed by an in-depth discussions and interviews with relevant stakeholders. Based on the suggestions, observations, opinions and other inputs in the discussions, the DCMP was formulated and launched on 22nd May 2008 (The President's Office, revised 2008). The overall objective of the DCMP is to take substantial control of drugs by expanding the knowledge base, enhancing coordination and improving the management of activities, together with significantly limiting the supply of as well as the demand for illicit drugs in the country (NNCB, 2008). In this stance, the interventions of DCMP comprised of six areas, which includes;

- drug control management and coordination (aiming at improving the coordination and management of drug control measures);

- laws, regulations and judicial system (aiming at enhancing the current legal system);
- supply reduction / drug enforcement (aiming at enhancing the capacity of the drug law enforcement agencies to stop smuggling and trafficking);
- drug demand reduction (aiming at reducing the demand for illicit drugs through prevention measures and care for drug abusers);
- illicit drugs and corruption (aiming at reducing the risk of corruption due to trafficking and production of illicit drugs);
- Illicit drugs and money laundering (aiming at reducing the risk of money laundering due to trafficking and production of illicit drugs).

According to the DCMP, drug control efforts are generally classified under two broad areas, namely supply reduction and demand reduction. Supply reduction is further classified into two sub-areas: production and trafficking. In the sub-area of production, a key concern is the specific problem of precursor, and in both areas money laundering and corruption are major concerns. Demand reduction interventions are divided into three sub-areas: primary prevention (preventing individuals from initiating abuse drugs); secondary prevention (treating and rehabilitating addicts); and tertiary prevention (harm reduction to the drug abusers as well as to the surrounding society). These interventions are accomplished with the use of many actors. The following figure (Figure 1) provides the actors responsible for the interventions mentioned in the DCMP.

NATIONAL MASTER PLAN FOR DRUG CONTROL											
Maldives Police Services	Maldives Customs Services	Dept. of Immigration & Emigration	Coast Guard	National Security Services	Ministry of Justice	Attorney General	Ministry of Health	Ministry of Gender & Family	Ministry of Education	Mass Media	NGO, etc.
Preventing Production and Trafficking Precursors, Money Laundering, Corruption						Tertiary Prevention		Secondary Prevention		Primary Prevention	
SUPPLY REDUCTION						DEMAND REDUCTION					
Overall Coordination: NNCB											

Figure 1: Actors responsible for the DCMP interventions (NNCB, 2008)

1.9 RESEARCH OBJECTIVES

Given the above context, the study attempts to accomplish four objectives. Firstly, to review literature on the evolution of drug policies and how the different policies were emphasized over time; secondly, to evaluate the effectiveness of the current drug policy of the Maldives with that of the loopholes existent in the system; thirdly, to identify probable reasons for the loopholes of the current drug policy; fourthly to identify a theoretical framework that can be used in the efforts to better deal with the problem.

1.10 RESEARCH QUESTIONS

Against the above background, the particular research questions outlined for this study are as follows:

- How effective is the current drug policy in the Maldives, in successfully achieving its goal?
- What are the underlying reasons for the loopholes in the current drug policy which deprives to achieve successful outcomes?
- What are the possible amendment(s) or new concept(s) that can be incorporated in filling the loopholes and strengthening the current drug policy?
- How would the amended drug policy framework assist in combating the drug dilemma?

1.11 THE SIGNIFICANCE OF THE STUDY

As was mentioned above, although the Maldives is among the smallest nations of the world, the country is not immune to the daunting problem of illicit drugs. Taking the drug situation of the Maldives, it can be said that the country is at the verge of losing a whole generation of youth to the epidemic. Despite this fact, at present there are very few studies that have been conducted in the Maldives to understand the extent

and the cause of this problem. It can also be said that there is hardly any robust empirical research that looked into the drug policy in detail in the country. As this study aims to make an attempt to identify the reasons for the failures of the drug policy and to identify the probable actions that could have been undertaken in the process of controlling the matter, this study therefore may attribute to provide some understanding on the effectiveness of the current drug policy in the Maldives. Moreover, this study may become an important source for the relevant authorities in the decision making processes and also it can act as a motivator for researchers to undertake more studies in this area.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

Illicit drug use is widely blamed for a broad range of personal and social ills. According to many observers, drug users suffer diminished health, decreased earnings and moral degradation (Reuter, 1997; Steel, 2006). Similarly according to many accounts, the illegal drugs promotes crime, destroys inner cities, spreads AIDS, corrupts law enforcement officials and politicians, produces and exacerbates poverty and erodes the moral fabric of society (Reuter, 1997; Steel, 2006). As a result, the most common response to these perceptions is the belief that governments should prohibit production, sale and use of the illegal drugs. This view presumes that drug use causes the problems associated with illegal drugs and that prohibition reduces these problems by discouraging the use of them. A small but a vocal minority, however, suggests that prohibition itself is causing many of the problems associated with the illegal drugs. And this minority believes that policies other than prohibition may be preferable. From this point onwards, the policy debate on illicit drugs has been divided into three broad spectrums, namely, prohibition, harm minimization and legalization. And these three policies further possess varying strategies and measures to achieve the objectives of the particular approach.

This chapter provides a literature review to identify a theoretical perspective that would be used in this study. Firstly, it will present how and what factors have contributed to the initiation of the different policies in the drug policy arena. This is to provide a general idea of what are the current policies used by the countries worldwide and what are the underpinnings for them to initiate the specific policies. Then a brief explanation of the major policies will be presented with that of some of its strategies and measures. Thirdly, as the drug policy is one of the very

controversial issues worldwide, the chapter will then present some of its positive and negative consequences associated with the different policies. This is presented to show a clear understanding of the different policies as well as the reasons for the debate on the drug policy. Fourthly, it will present the recent trend in the drug policies, attaching the explanation with real life successful cases from different parts of the world. Lastly, the chapter will present a theoretical framework which supports the current trend taken towards the drug policy and is supposedly believed that the key components identified in the theory are essential to the efforts made in the drug policy.

2.2 HISTORICAL OVERVIEW OF DRUG POLICY

Societal responses to drug abuse have a lengthy history. However, the drug legislation that evolved in the 20th century is largely to be held responsible for the insistence from the United States, claiming that international agreements must serve as a mechanism to interrupt the unlimited flow of illicit substances from producers to consumers located throughout the world (Bullington, 2004). The attempt made by the United States became a success when the UN finally approved *The Single Convention* in 1961. The convention was designed to modernize the previous system of controls by codifying the drug conventions, simplifying the international control structures, extending the system of control that already applied to opium and poppy straw to cannabis and coca leaves, and encouraging the adoption of appropriate treatment and rehabilitation measures for users (Chatterjee, 1981, pp. 343-344 cited in Bullington (2004)). The convention also proposed that narcotics can only be used for legitimate medical purposes or for scientific studies while all other uses were considered illegal (Bullington, 2004). This marked the emergence of criminal justice approach to the illicit drug phenomenon and the convention was a success when the signatories showed their commitment to their decision. At present, there are 166

nations who have signed and ratified the convention, while there exist 26 nations who has not yet decided on the convention (Bullington, 2004). Considering the huge number of countries in favour of the criminal justice approach, the *1961 Single Convention*, thus served as the basis for all modern drug control efforts and drug policies (Aoyagi, 2006).

Despite the remarkable acceptance of the *Single Convention* in the international arena, there appeared weaknesses in the convention. Likewise, one of the perceived weaknesses was that the convention limits any future radical innovations in drug policy due to the restrictive language of the agreement committing signatories to strictly adhere to the prohibition model (Bullington, 2004). Another weakness was that it gave much attention to supply-side of the problem while ignoring the demand-side (Bullington, 2004). To fill these gaps, the following convention, *The 1971 Convention on Psychotropic Substances* included references to treatment, education, rehabilitation and even social reintegration, albeit with the understanding that these would be utilized in addition to imprisonment rather than in lieu of it. The attempt to accommodate the demand-side of illicit drugs also meant the introduction of the public-health stance or harm minimization, whereby paving way to develop interventions to reduce the health-related consequences and prevent substance use (Kübler, 2001). However, despite the fact that the 1971 convention tried to attain the demand side of the problem, the prohibition approach remained as the basis of international drug policies (Wodak, Symonds et al., 2003).

Apart from the drug policy approaches in the 1960s and the 1970s, the early 1990s witnessed interesting developments in the drug policies throughout the world. These developments are closely linked to the dramatic increases in drug abuse and prohibition related diseases, deaths and crimes. The scourge of HIV spread among drug users especially with the rise in intravenous drugs, became an important reason

for the new developments in the drug policy. Such circumstances raised questions about the UN drug control strategy for the first time. Likewise, among the first incidents, Mexico submitted a critical letter to the General Assembly meeting of the UN in 1993, calling for careful reconsideration of the existing approaches on drugs (Bullington, 2004). The letter scrutinized the failures of the earlier efforts to curtail cultivation, production and trafficking together with the rapid growth and expansion of the criminal organizations to meet the growing demands. The letter also raised concerns about relative absence of demand-side strategies. Similar concerns were raised by other member countries of the UN and they shared the same feelings with that of the ones heaved in the letter of Mexico. The 1993 General Assembly meeting also included a groundbreaking discussion on the entire legalization of drugs, in response to a complain charging the Dutch cannabis policy is in violation to the conventions articulated by the UN (Bullington, 2004). Such incidences therefore became the stepping stones to contest the UN conventions on drug abuse.

As to literature, the Dutch were the first among the modern nations to challenge the accepted set of assumptions associated with prohibitionism, whereby charting their own territory of drug abuse, albeit within the restrictions imposed by the dominant model of the UN (Laursen and Jepsen, 2002). In the course of doing so, beginning the early 1970s, the Dutch government first explored the possibility of adjusting their punishment-oriented policies in a way to reduce the harms associated with illicit drugs. The impetus for this reconsideration was the fact that many Dutch youth had been experimenting with illegal substances and were facing serious consequences. According to them, the presumed deterrent effect associated with stigmatization of drugs through the criminal law was not clearly sufficient to constrain youth from treading on dangerous grounds and thwarting the authorities, regardless of the legal and personal consequences of drugs (Leuw, 1991). Thus, such factors led the Dutch to study the real problem and then to try and find way(s) to adjust their law(s) to

accommodate the new reality rather than simply cracking down the deviants in accordance to UN's stand with regard to the matter. This attempt became a success by the mid 1970s, when the first experimental programs in relaxing the cannabis enforcement practices were proven viable and as a result drug law was amended in 1976 (Leuw, 1991). This further resulted in structuring a policy that would effectively separate “*soft*” (cannabis and hashish) and “*hard*” (all other illicit substances) drug markets, consequently raising the debate on legalization or decriminalization of illicit drugs (Leuw, 1991).

Apart from the Netherlands, the period also witnessed several other nations adopting stances that placed them in direct confrontation with UN strict prohibition backers (Jelsma, 2003). These include Germany and Denmark opting to effectively decriminalize marijuana and hashish considering them as “*soft drugs*” (Jelsma, 2003). More recently, Canada also considered similar legislation, as did Britain (Jelsma, 2003). In each of these nations, the decision was made not to enforce the criminal penalties for small amounts of drugs that are perceived to pose little danger to individual users (Jelsma, 2003). In most instances, monetary fines replaced the previous criminal sanctions (Jelsma, 2003). Though these developments in the drug policies deter with the UN's approach, it is to be noted that all of these has been accomplished within the framework articulated by the UN conventions and this was the reason that the offenses typically retain their formal criminal status rather than it being considered an act of decriminalization (Schmidt-Semisch and Paul, 2002; Wodak, Symonds et al., 2003; Bullington, 2004).

In this way, the three approaches, namely prohibition, harm minimization and legalization emerged as the key areas of debate with regard to the drug policy. However, there exists varying occasions, that it was difficult to put a demarcation between the three approaches on drugs. According to MacCoun, Reuter et al. (1996)

and Nadelmann (1992), one way to differentiate the approaches to drugs can be done in the form of justifying a user who takes drugs. Likewise, plausible control models, both existing and theoretical can be arrayed along a spectrum of restrictiveness with respect to who may legally use and administer the drugs. “*The spectrum of drug control regimes*” by Kleiman (1992), is one of the significant models which clearly explains this notion (MacCoun, Reuter et al., 1996). The following figure (Figure 2) portrays the notion in a diagrammatic format explaining the differing extents of restrictiveness adopted by the different approaches taken towards the drug problem.

Regime	Model	
<div>Prohibitory</div> <div>Prescription</div> <div>Regulatory</div>	Pure Prohibition: Full prohibition with no allowed use for any purpose whatever (e.g. heroine, marijuana)	Decreasing Restrictiveness ↓
	Prohibitory Prescription: Prohibited except for narrow therapeutic purpose unrelated to addiction: administered by doctor or other health professional (e.g. cocaine)	
	Maintenance: Prescribed for relief of addiction: otherwise prohibited (e.g. methadone). Administered by an authorized agent, or for some patients, self-administered under tight supervision	
	Regulatory Prescription: Self-administered, under prescription, for relief of psychiatric problems (e.g. current US regime for Valium, Prozac)	
	Positive License: Available for any reason to any adult in possession of an appropriate license, gained by demonstrated capacity for safe use (theoretical regime from Kleiman, 1992a)	
	Negative License: Available for any reason to any adult who has not forfeited the right by violating conditions for eligibility (theoretical regime from Kleiman, 1992a)	
	Adult Market: Available to any adult (e.g. alcohol)	
	Free Market: Available to any individual (e.g. caffeine)	

Figure 2. The spectrum of drug control regimes (MacCoun, Reuter et al.,

2.3 DRUG POLICY AND ITS CHARACTERISTICS EXPLAINED

Referring to the above literature on the historical view of drug policies, it reveals that the policy is mainly divided into three broad areas, namely the prohibition, harm minimization and the legalization. In this respect, the following provides a brief

understanding on the three approaches and some of its major characteristics of each of the approaches.

2.3.1 Prohibition

According to MacCoun, Saiger, Kahan and Reuter (1993), the prohibitionist approach is based on the implementation of a punitive policy in which criminal law is used aggressively against the users and the dealers (cited in Hilte, 1999). In this aspect, "*punitive drug prohibition*" refers to policies that rely on penal sanctions (e.g., incarceration) to punish those who use illicit drugs (Aoyagi, 2006). This approach to drug use is sometimes referred to as the moral or the criminal justice model, because it presumes that "*illicit drug use is morally wrong*" and thus should be criminalized. The underpinning of this approach is that, without a prohibitionist stance, it is impossible to attain a drug free society (Aoyagi, 2006).

Prohibition approach comprises of two types of prohibition. Firstly, the ultra-prohibition type or the zero-tolerance model is the approach pursued in the United States. Some of the measures of this type include (1) providing increased powers for relevant authorities for detection and surveillance work (e.g., phone taps, hidden cameras, body searches); (2) stipulating more severe sentences by the courts - such as life imprisonment for supply, death sentence for importation, or increased sentences for users; (3) generating increased war on drug propaganda, through schools, the mass media and social engineering (e.g., directive therapy); (4) offering treatment responses based on detoxification or controlling patient with highly sedative drugs, brain surgery, threats of incarceration, etc (Aoyagi, 2006). Secondly, the prohibition type is the model undertaken by governments in response to the findings of experts, and is more liberal in nature than that of the ultra-prohibition type. Some of the measures of

this type include: (1) criminalization of the possession, production or supply of specific drugs; (2) having an abstinence-focused medico-social strategy (e.g., detoxification, rehabilitation); (3) offering some priority to harm-reduction, including police cautioning for the first time and minor offences, allowing methadone maintenance, needle exchange, etc (Aoyagi, 2006).

As was mentioned above, the prohibition approach gained incredible support as it was incorporated by many countries at its very initiation, and especially in those countries who signed and ratified the 1961 convention of the UN (Bullington, 2004).

2.3.2 Harm Minimization

According to Levine (2002), *“harm minimization is a movement within drug prohibition that shifts drug policies from the criminalized and punitive end to the more decriminalized and openly regulated end of the drug policy continuum”* (Levine, 2002 cited in Tammi and Hurme, 2007). In align with this definition, Aoyagi (2006, p.573) claims that harm minimization is rooted in pragmatism, and is premised on the assumption that drug use cannot be eradicated, and the scholar further states *“idealistic visions of a drug-free society are unlikely to become a reality”*. On the same note, Bullington (2004) claims that there can be no realistic effort to eliminate drug use, as all of human history suggests that drugs, have been used in all countries and at all times, and it is a permanent feature of human life. In this aspect, the derivative of this insight in the drug policy is to develop methods to reduce use wherever possible and to minimize the various harms that arise from extreme use of drugs. According to MacCoun (1998), use reduction usually means prevalence reduction (i.e., reduce total number of drug users), quantity reduction (i.e., reduce total quantity consumed),

micro harm reduction (i.e., reduce average harm per use of drugs), and macro harm reduction (i.e., reduce total drug-related harm). While according Aoyagi (2006), harm reduction meant to be about the mitigation of the adverse effects of drug use to the individuals and also to the society, inter alia to death, disease, suffering, marginalization, and incarceration. Accordingly, proponents of harm reduction movement asserts public policy to address the realities of drug use, particularly in light of the public-health risks such as those posed by the transmission of HIV through unclean needles (Reuter, 1997; Aoyagi, 2006).

In this way, the primary objective of harm minimization is not suppression of drug use, but to develop ways and means to reduce the health-related consequences of drug abuse. Likewise, one of the important strategies of harm reduction is the de-stigmatization of drug users. According to Aoyagi (2006), successful de-stigmatization requires viewing the drug problem as a public-health concern instead of a moral issue. Thus, prevention and treatment efforts turn out to be an important subset of harm reduction where it is designed to reduce demand for drugs (MacCoun, 1998). In accordance to these strategies, harm minimization programs include: (1) establishing supervised injection rooms which provides users with clean equipment and facilities under the supervision of medically trained personnel (e.g., Australia, Canada, Germany); (2) offering methadone clinics or other maintenance programs focused on drug treatment; (3) instituting free needle-exchange programs (e.g., Czech Republic, Poland, Romania, Slovakia, Canada, Netherlands, and the United States); (4) instituting needle deregulation programs (e.g., the United States); (5) conducting aggressive drug prevention and health protection campaigns regarding how to use drugs safely; (6) offering treatment as an alternative to punishment (e.g., the United States, the Britain); and (7) drug content testing (Aoyagi, 2006).

Note to be made that the harm reduction approach was initiated in the Western Europe and today it has gained increasing acceptance in other parts of Europe and elsewhere in the world (MacCoun, Reuter et al., 1996; Bullington, 2004; Aoyagi, 2006).

2.3.3 Legalization

According to Steel (2006, p.22), “*achieving a drug free society is unrealistic and there must be some acknowledgement that drugs have always been with us, are here to stay and that drug use is a fact of life*”. In this stance, legalization appears in several policy forms, and is most often affiliated with decriminalization (Aoyagi, 2006). Advocates of drug legalization frequently set forth arguments such as drug regulation curtails personal rights, particularly because drug use arguably constitutes a victimless crime, and deregulation is only preferable on a cost-benefit matrix (Goldstein and Kalant, 1990). The first argument implies that drug consumption is a person’s moral right to decide whether to use drugs or not. According to this viewpoint, Aoyagi (2006) states such a decision made by the individual must be “*free from governmental control, interference, or restriction*”. With regard to this argument, proponents claim that an individual has a constitutional right to self-determination to use drugs (Schmidt-Semisich and Paul, 2002). Considering the above contentions on the approach, it can be said that the underlying assumption of legalization is not about whether drugs are good or bad, but it is about giving the right to the people to freely choose whether and to what extent of drugs they will use (Goldstein and Kalant, 1990; Aoyagi, 2006).

In this stance, specific proposals for how to implement legalization vary widely. Libertarians advocate eliminating all federal drug laws and to open up legitimate options to purveyor of legal drugs in places like bars, cafes and pharmacies

(Bullington, 2007). The main models of this kind include: (1) regulating or licensing of drugs, aiming at controlling the availability of drugs, with specific controls on price, purity, point of sale, place of use, permitted acts, etc; and (2) free-market model or the most unrestricted model of marketing drugs, with few controls other than those found for caffeine products (e.g., food hygiene laws, controls on advertising, etc.) (Aoyagi, 2006). Others call for more modest reforms such as de-regulation of drugs or relaxing the drug laws by changing regulations (Goldstein and Kalant, 1990). This appears either in the form of de-penalization (i.e., reducing the sentence for a drug offence by moving the drug down a class, like from A to B, B to C or to a new Class D) or rescheduling (i.e., moving drugs down one or more schedules, like from 1 to 5) (Aoyagi, 2006). Similarly, decriminalization is another modest form of legalization which repeals specific drug offences, so that they become either a civil offence, or totally legal (Aoyagi, 2006). Examples of this notion includes: (1) the possession of drugs in Class A, B or C; (2) consumption of drugs in registered premises; (3) production and supply of drugs in small-scale; (4) and may also extend to include reductions in maximum sentences for all trafficking offences (Aoyagi, 2006).

Another form of legalization include, focusing exclusively on legalizing one particular substance such as marijuana, either for medical purposes or more general use while maintaining the legal position of other substances (Aoyagi, 2006). Despite these differences, all advocates of legalization share the same conviction that the current prohibitionist drug policies are not working well (Schmidt-Semisich and Paul, 2002). They also believe that the prohibitionist approach is making the drug-related problems even worse and liberalization of drug laws is the only solution to the drug problem (Aoyagi, 2006).

Apart from the above explanations on the three major approaches to drugs, it is to be noted that both the prohibitionist approach and harm reduction approach incorporates aspects of prevention and treatment. Prevention under the typical prohibitionist approach involves anti-drug programs and media campaigns seeking to reduce drug use (Aoyagi, 2006). While prevention under the abstinence-only approach leads to the perpetuation of ignorance about safer drug use, which in turn would minimize the serious health-related consequences (MacCoun, 1998). Prevention is also used both to discourage drug use and to advocate safe drug use, if the drug problem is to be characterized as a public-health problem (Lenton, 2002; Aoyagi, 2006). However, prevention programs tend to be lower at the ladder of preference as it moves away from restricting drugs (MacCoun, Reuter et al., 1996). Similar to the prevention measures, treatment also takes varieties of forms depending on the kind of approach undertaken with regard to drugs. However, under the public-health approach, most of the measures pursued including the treatment opportunities are sponsored by the state, thus making the services more extensive to the general public at large (Aoyagi, 2006).

2.4 DISCUSSIONS AND CONSEQUENCES OF DRUG POLICY

Prohibitionists are motivated by the desire to severely reduce drug use and its related harms (Bullington, 2007). Taking the example of the United States, harm reduction is accomplished through aggressive law enforcement targeting the prime users for demand reduction (Sharp, 1992). In other words, if a person is imprisoned for any drug-related activity, he/she can no longer consume drugs, which consequently will result in reducing any harm(s) to the individual, or to his/her family, friends and to the society as a whole. However, Bullington (2004) commented on this notion, stating that the overly broad conceptualization of harm reduction can be permitted in prohibition, however the term will no longer retain its significance as the different

schools of thought can truly argue that they are pursuing the same policy, regardless of what they do. In this aspect, the varying drug related harms that has resulted from continued adherence to punitive prohibition has resulted in utmost criticism to the prohibitionist approach and calls the war on drugs a failure (Bullington, 2004; Nadelmann, 2004; Elliot, Ceste et al., 2005; Aoyagi, 2006).

Even more distressingly, the United States who initiated the whole approach is been considered having more severe drug-related problems than that of any other rich Western society, either measured in terms of the extent of drug use, dependence on expensive drugs, drug-related cases of AIDS or the level of violence and corruption associated with the drugs (Reuter, 1997). Many include the following among the deleterious effects of the United States commitment to war against drugs: (1) mass incarceration of drug users in federal and state prisons, jails, and other closed facilities (due to lengthier sentences for drug crimes and the criminalization of minor offenses); (2) increased incarceration that has fallen disproportionately on underprivileged members of society; (3) worsened health conditions for prisoners (e.g., HIV-infected inmates who do not receive proper treatment and may endanger fellow inmates through unsafe needle practices; (4) further marginalization of both drug offenders and their families through the collateral consequences of conviction, such as loss of job opportunities and the destabilization of families; (5) the imposition of a weighty fiscal burden at state and federal levels necessary to apprehend, process, and accommodate growing inmate population; and (6) the curtailment of civil rights (Miron and Zwiebel, 1995; MacCoun, Reuter et al., 1996; Reuter, 1997; Bullington, 2004; Nadelmann, 2004; Elliot, Ceste et al., 2005; Aoyagi, 2006; Bullington, 2007).

Apart from above mentioned critics, it is striking to note that the immediate objective of prohibition remained unattained with its practices. It was presumed that the prices

of substances would rise in accordance to the toughness in the policy to control them. However, due to the prohibitionist stance, drug prices declined subsequently making it more accessible to the drug users (Reuter, 1997). As to the same source, "*Monitoring the Future Survey*" (1998) conducted by the University of Michigan reports that 90.4 percent of high school seniors reports marijuana is "fairly easy" or "very easy" to obtain. The National Household Survey on Drug Abuse (NHSDA), conducted annually by the United States Department of Health and Human Services, found that the number of drug users in the United States has increased from 12 million in 1992 to 13.6 million in 1998 (Reuter, 1997). With regard to these finding, Reuter (1997) comments on the phenomenon stating that it might have been more successful if the enforcement measure was focused in lowering the availability of drugs in contrast to purely prohibiting them. Similarly, prohibition approach is contested against the lack of scientific evidences attached to the phenomenon. For example, once the prohibition approach was implemented, number of marijuana arrests for simple possession rose, although scientific evidence suggests marijuana has less threat than that of alcohol and cigarettes, where no one dies of the acute effects of marijuana and even the long term effects are surprisingly modest (Reuter, 1997).

In aligned with the critics towards the prohibition approach, Miron (2001) provides more dynamic views on the issue. According to Miron (2001), drug prohibition creates high levels of crimes. Addicts are forced to commit crimes to pay for a habit that would be easily affordable if it were legal. Then, Miron (2001) attaches the claim to United States police sources where they have estimated that half of the property crime in some major cities is committed by drug users. Miron (2001) further states that prohibition of drugs fuels risky injection and drug storage practices, whereby increasing the risk of overdose, viral and bacterial disease transmission and other harms. These consequences are considered as a result of finding efficient ways to

consume when the drug supply or time for consumption is limited. Furthermore, prohibition is considered as the reason for creation of a profitable black market for illicit substances as the strictness has led the abusers to use and handle the market secretly (Miron and Zwiebel, 1995; Reuter, 1997; Aoyagi, 2006). This in turn has led the participants in the drug trade to be deprived of going to courts to settle any dispute, consequently ending up with forms of violent sanctions in case of breach of contracts. Miron (2001) further demonstrates the corruption element in terms of bribing the officials tasked to control the problem. An example of this was cited by Wodak, Symonds et al., (2003) where in Sydney evidences were found against police officials who accepts bribes to ignore the operations of illegal shooting galleries.

Among other claims, advocates of prohibition argue that criminal sanctions have a deterrent effect, prevent collateral crimes associated with drug use and promote moral health (Bullington, 2004). Further, they argue that there are new non-punitive measures gaining acceptance in the United States itself, which takes the form of drug treatment courts¹¹ (Aoyagi, 2006). The fact that the United States is incorporating harm reduction strategies within the drug prohibition framework proves that the strict prohibitionist approach is loosening its grips, and paving way for more liberal stances, more specifically towards the harm reduction paradigm (Reuter, 1997). Same applies to the deviations made by the European countries during the 1980s and 1990s, as their actions towards harm reduction were justified within the UN's conventions (Bullington, 2004). Note to be made that, despite the apparent recency of harm reduction in the United States, the idea has an earlier history. In the United States for example, the 1971 Scahfer Commission report named as "*Marijuana: A Signal of*

¹¹ In drug treatment courts, a defendant pleads guilty in exchange for the acceptance of placement in a court-mandated program of drug treatment (Aoyagi, 2006).

Misunderstanding" can be considered as an archetype of harm reduction thinking¹² (National Commission on Marihuana and Drug Abuse (NCMDA), 1972 cited in Bullington, 2004). In Canada too, similar harm reduction ideas were disseminated in a publication known as the *Le Dain Report* in 1972 (Le Dain, 1972 cited in Bullington, 2004). These facts therefore reveals that the prohibitive drug policy at its very early times was under serious consideration for reform, more specifically to incorporate harm minimization strategies within the prohibition approach. Then the question arises why did the harm minimization approach failed to receive acceptance at that time. Searching for answer(s), the literature states it was because the prohibition approach was used as a mere political tool by the United States and they promoted the agenda to an extent that it was later imposed worldwide via the UN (Nadelmann, 1991; Miron and Zwiebel, 1995; MacCoun, Reuter et al., 1996; Reuter, 1997; Bullington, 2004; Bullington, 2007). In addition, Bullington (2004) notes that the restrictive language used in the *1961 Single Convention* further deprived member nations to develop policies which may have been more applicable and domestically relevant and required them to maintain the prohibitionist mould of drug control. Thus, this assumes that none of the policy approaches were taking over one another, instead the prohibitionists is accepting harm reduction strategies within its framework.

According to the United States national expenditure, drug treatment and prevention accrues to only 20 percent of public expenditure, while the amount spent on the consequences of enforcement is much higher (Reuter, 1997). Additionally, a study conducted by Shepard and Blackley (2004) to investigate the relationship between the expenditure on enforcement, education and treatment with that of the relevant public-health outcomes with regard to these expenditures, the study reports that

¹² This is because Scahfer Commission report on Marijuana concluded that marihuana was a drug whose use should not be call for serious criminal penalties. And the commission recommended decriminalization (but not legalization), stating "marihuana's relative potential for harm to the vast majority of individual users and its actual impact on society does not justify a social policy designed to seek out and firmly punish those who use it" (NCMDA, p.130 cited in Bullington (2004). Bullington, B. (2004), "*Drug Policy Reform and its Detractors: The United States as the Elephant in the Closet*." Journal of Drug Issues 34(3): 687.

when the law enforcement spending increases, the rate of drug-related harm and public-health costs also increases. The study also reports that the higher the spending on treatment, it leads to fewer drug-related deaths in the long-run, while the higher the spending on law enforcement, it has a positive correlation with drug-related deaths. The report further suggests that a decrease of 10 percent in law enforcement spending could decrease drug-related deaths by over 20 percent (which equates to 3,000 in 1998). And if that money is to be added to funding treatment and education programs, more than five thousand drug-related deaths could have been prevented annually. Despite the appealing results towards harm reduction, the study had some notable limitations, including a small sample size and the lack of establishment of a causal relationship (Shepard and Blackley, 2004). Nevertheless, such empirical evidences together with the critics mentioned above with regard to the prohibition stance leads the policy makers to frame the health consequences of the illegal drug use as a moral issue, which requires a moral and a punitive response.

Arguably, as was mentioned above, the single most powerful influence on the rediscovery of harm reduction methods in the late 1980s was the worldwide HIV/AIDS pandemic. With the emergence of AIDS, early research demonstrated unequivocally that injection drug users are a susceptible group to AIDS (Bullington, 2004). Once this relationship was made, health-care workers and government officials in many countries, including the United States and Western Europe acted swiftly in undertaking experiments on varieties of techniques (NAPHP, 1999). This was because the AIDS epidemic gave no time to wait for the results of carefully designed and controlled studies (Nadelmann, 1992). Likewise, the need to harm reduction encouraged policy makers to shift drug policies away from punishment, coercion, and repression, to tolerance, regulation and public health stance. Harm reduction is not inherently an enemy of drug prohibition (Mosher and Yanagisako, 1991). However, in the course of pursuing public health goals, harm reduction

necessarily seeks policies that also reduce the punitive effects of drug prohibition. Proponents of this approach do not attempt to wean all illicit drug addicts of drugs by punitive means, instead it begins with the acknowledgment that some users cannot be persuaded to quit (reference). The approach also demands drug policies to acknowledge by law and policy the human rights of drug users (Nadelmann, 1992; Tammi and Hurme, 2007). The following table (Table 1) summarizes this explanation.

Harm Reduction	Punitive Prohibition
Individualism <ul style="list-style-type: none"> - Individual is also free to act to his/her own disadvantage 	Collectivism <ul style="list-style-type: none"> - Welfare of the community is always primary vis-à-vis to the individual
Inclusion <ul style="list-style-type: none"> - Drug user is a normal member of a community 	Exclusion <ul style="list-style-type: none"> - Drug users is a deviant special case
Pragmatism <ul style="list-style-type: none"> - Drug policy should be based on knowledge and situation-specific consideration 	Dogmatism <ul style="list-style-type: none"> - Drug policy should be based on value goals that justify the means despite cost
Emancipation <ul style="list-style-type: none"> - Control of drug users should be alleviated 	Paternalism <ul style="list-style-type: none"> - Drug users should be punished for and/or cured of drug use

Table 1: Harm reduction versus punitive prohibition (Tammi and Hurme, 2007)

In this way, harm reduction seeks to reduce the harmful effects of drug use without requiring users to be drug-free Tammi and Hurme, 2007). The approach also seeks to reduce the harmful effects of drug prohibition without requiring governments to be prohibition-free. According to Tammi and Hurme (2007), the message in harm reduction approach to the drug users is that we are not asking you to give up drug use, instead we just ask you to do things like use clean syringes in order to reduce the damages including the spread of AIDS to you and to the people close to you. Similarly, the message in harm reduction approach to the governments are that we are not asking you to give up drug prohibition, instead we just ask you to do things like make clean syringes and methadone available to reduce the damages of drug prohibition (Tammi and Hurme, 2007). Accordingly, harm reduction offers a radically tolerant and pragmatic approach to both drug use and drug prohibition (Mosher and Yanagisako, 1991).

Considerable evidences reveal that harm reduction strategies such as needle-exchange and supervised injection sites are effective in reducing the harms associated with drug use (Wodak, 2006; Wood and Kerr, 2006). According to Keane (2005 , p.551) *“it is the refusal of moral judgment that has made harm reduction such an effective and innovative strategy in a field overwhelmed by moral discourse”*. In other words, the value neutral approach to drug use is identified as one of the strengths of harm reduction. Despite the success factors of the approach, there exist both practical and ideological problems that stand to limit harm reduction. For instance, treatment has played a significant role in drug war rhetoric, but in the recent years it was found that public treatment for drug users remains inadequate. As to statistics, Aoyagi (2006) claims that only one in six of the approximately 800,000 inmates that have drug and alcohol abuse problems is provided with drug treatment.

In addition, many include the following as some of the critics to harm reduction. (1) some of the new initiates of harm reduction were found to have lack of initial argument of harm reduction (e.g., lack of adequate expression of drug users' rights to autonomy as a moral value in itself); (2) most of the harm reduction programs was introduced in a haphazard manner, and hence lack the integrative approach meant by harm reduction; (3) different countries adopt different practices as harm reduction, and this in turn makes difficult to identify what exactly constitutes harm reduction (all-inclusive approach versus narrow approach); (4) difficulty with assessing the effects of harm reduction programs due to data gathering mechanisms (e.g., cross-cultural differences, inconsistent data-gathering techniques); (5) innovations in the field of harm reductions are often restricted, claiming that research on the field is limited to doctors, therapists epidemiologist and their research is limited to possess only the medical aspect of the problem; (6) much of the consideration is given to cost-benefit aspect of the phenomenon rather than its core objective; and (7) due the existence of

few legislative backing for the harm reduction programs, harm reduction innovations are found to be hind-sighted (Hathaway, 2001; Hathaway, 2002; Aoyagi, 2006).

Defining appropriate evaluation criteria is another major problem with harm reduction approach (Hathaway, 2001; Hathaway, 2002). Current criteria for evaluating treatment vary almost as much as the treatment approaches and the few studies of the present-day treatment which are now available reflect these differences. All programs have the problem of patients who relapse to drugs and drop out of treatment and all experience difficulties in following up former patients (Hathaway, 2002). Despite making significant inroads in the public health community following the onslaught of AIDS and other fearsome epidemics, even now well-established harm reduction programs remain ever vulnerable to status quo co-option and negation. This is due to the fact that some society's views harm reduction approaches are contesting the societal values, especially those extreme stands taken by the European countries in the 1970s (Hathaway, 2001). Examples of this include the relaxation of cannabis enforcement practices in the Netherlands, allowing drugs in one particular park "*The Platzspitz*" in Switzerland and establishing drug consumption rooms in Germany (Bullington, 2004). However, heroin maintenance trails which was initiated in Zurich during the 1990s, as a form of treatment measure received immense acceptance worldwide, including the United States (Bullington, 2004). Nadelmann¹³, himself found the data on the trail convincing and concluded that the Swiss was on the right track and it can serve as a model of sensible, science based reform on drug policy (Bullington, 2004). Similar moves were undertaken by Australia in 1997, where they undertook heroin treatment as an option for long-term users who had failed in other treatments attempts (Bullington, 2004).

¹³ Ethan Nadelman, the director of Lindesmith Center and a long-term advocate for drug policy reform.

At this very juncture, one may question, whether the extreme forms of harm reduction that are witnessed in Western Europe is a stepping stone to legalization or not. As to literature, there are no clear cut explanations to this query, however there exists a number of differing views on legalization debate. Likewise, Burrows (2005) argues that legalization is about having realistic goals; taking account of different patterns and types of harms caused by specific drugs. As such, drug use could be managed in a way that minimizes harm to users and the wide community (Burrows, 2005). While, Steel (2006) argues that the starting point of legalization would be to regulate drug production and manufacturing. Putting aside these perspectives, Nadelmann (1992) states the relationship between the harm reduction approach and the notion of drug legalization remains ambiguous.

Proponents of legalization argues that by regulating the production of drugs by licensed laboratories would results in monitoring and standardizing the strength and purity of drugs (Steel, 2006). This would further give rise to improving the health of users and reduce drug-related deaths at the same time allowing appropriate controls to be put in place over the price, availability (location, times of opening and age restrictions (Steel, 2006). Legalization is also attached to the removal of the international black market and criminal gangs, all of which has emerged as a result of prohibition (Miron, 2001; Steel, 2006). The removal of black market would in turn reduce the number of drug-related crimes, the amount of money society spends on prosecuting drug offenders and also the opportunities for youths to earn large sums of income from drugs will decreases while they seek to obtain decent jobs (Miron, 2001). Removal of black market would also mean that drug businesses are being operated in a legal market, which then requires the income generated from the production and sale of drugs to be taxed (Miron, 2001). In addition, when drugs are legalized, the illegal nature of drug transactions disappears. This further provides

grounds to use legal remedies, such as taking sellers who sell bad quality drugs to courts, instead of guns to settle contract disputes (Miron, 2001; Steel, 2006).

Despite the positive factors attached with legalization, opponents of this approach argue that by encouraging legalization, the quantity of drugs consumed will unambiguously increase (Barbour, 2000). They further argue that legalizing drugs would inevitably lead to an increase in the use of newly legalized drugs such as marijuana, cocaine, heroin, and amphetamines (Barbour, 2000). It was also claimed that legalizing drugs for a certain group may end up selling the prescribed drugs for them to the streets (Barbour, 2000; Steel, 2006). Evidence include a British case, where until the mid-1960s, British physicians were allowed to prescribe heroin to middleclass people who had become dependent on opiate painkillers while undergoing hospital treatment (Barbour, 2000). However, allowing heroin to them for treatment led the number of addicts to rise throughout the 1960s. On the same note, Barbour (2000) further states that the late John Kaplan of Stanford, famous Professor at Stanford Law School estimated the increase in addicts by fivefold and concluded it was as a result of the diversion of heroin from clinic patients to new users on the streets. Apart from this, Barry R. McCaffrey, the Director of the Office of National Drug Control Policy, states, studies show that the more a product is available and legalized, the greater will be its use (Barbour, 2000). And this increased drug use would cause varieties of problems, including decrease in workplace productivity, rise in automobile and on-the-job accidents, increased health problems, addiction, crime and a prosperous black market. In addition, Joseph A. Califano Jr., the President of the National Center on Addiction and Substance Abuse at Columbia University (CASA), explains that legalization may result in a short-term decrease in drug arrests, however the long-term consequences would be devastating (Barbour, 2000). Joseph A. Califano Jr. further adds to his contention stating that any short-term reduction in arrests from repealing drug laws would give rise to increase drug use and also to

increase criminal conducts (such as assault, murder, rape, child molestation, and other violence (Barbour, 2000).

As to the above literature, it is been revealed that the three main stands / approaches towards drug policy comprises both positive and negative consequences in them, affecting the validity of one approach over the other. In spite of these consequences, the debate on the three approaches is still an ongoing issue on drug policy arena. However, most of the scholars advise on enforcing two approaches, i.e., enforcing the legal prohibition on importation, manufacture, distribution and sale, while reducing penalties for possession of small amounts of drugs for personal use (Goldstein and Kalant, 1990). It is also evident from literature that countries possess the essence of two or three approaches at a given time, while taking a specific stand on the issue. A good example of this kind can be the United States drug policy framework, where they take a prohibitionist approach, at the same time pursuing harm reduction measures in the form of prevention (e.g., prevention campaigns) and treatment (e.g., drug courts), together with undertaking legalization measures, as a form of treatment to the addicts (The White House, 2008). The same trend is been experienced in the current drug policies of Vancouver, Switzerland, and Australia (Hilte, 1999), while their policies vests with four key strategies, namely enforcement, treatment, prevention and harm reduction (Büechi and Minder, 2001; MacKay, 2001; MacPherson, 2001). Similarly, the same results were found in a cross-national comparison between six European countries, where it was concluded that national drug policies in Europe are a combination of measures belonging to both the prohibitionist and anti-prohibitionist perspective (Cattacin, Lucas and Vetter, 1996 cited in Hilte, 1999).

2.5 CURRENT TREND IN DRUG POLICY

The mixing up of different approaches has aided the drug policy to take a multifaceted approach to the drug problem. And most recently, this approach has been improvised and adopted by many countries in their drug policies, and is referred by many as a “comprehensive approach” (e.g., Vancouver, the United States, Australia and many more). The governing principle of this comprehensive approach vest with a balanced approach to the problem, whereby taking the wider context of the problem and integrating all the necessary factors in the attempt to control the drug problem (Goldstein and Kalant, 1990). The approach further emphasizes to strike a best balance among all the costs and benefits of the policy (Goldstein and Kalant, 1990; MacCoun, Reuter et al., 1996). This notion further can be tied down to the claim made by Heed (2006), that the drug problem requires a national, provincial, regional or community approach, or a combination of these approaches, to handle the problem in a customized manner which suits the problem situation. The comprehensive approach, thus calls for a greater diversity of strategies and options, for drug control than is generally recognized in the rhetoric fixation on the two extremes of William Bennett’s aggressive version of prohibition and Milton Friedman’s vision of free market legalization (MacCoun, Reuter et al., 1996). Apart from incorporating diversity of options, the comprehensive stand urge for integration of those options, as well as for greater involvement and coordination of various agencies and wider community to work together to control the drug problem (MacKay, 2001; MacPherson, 2001). Much of the emphasis is also given to monitor and evaluate the implementation to ensure the validity and cost effectiveness of the interventions being made (Büechi and Minder, 2001; MacKay, 2001; MacPherson, 2001). In addition, the comprehensive approach gives utmost attention to establish connections with each of the individual components mentioned and also to establish similar connections within the components itself, as according to the approach it is

the key to success (Büechi and Minder, 2001; MacKay, 2001; MacPherson, 2001). These components further aims to possess clear aims and objectives, detailed action-plans, and explicit performance indicators and targets, together with the adequate resources including funding and training and other support facilitates to undertake the policy in the most appropriate and effective manner.

Because, there is no specific literature on the comprehensive approach with regard to the drug problem, the above mentioned explanation on the approach can best be described in a diagrammatic format. Thus, the following figure (Figure 3) depicts the major components of the comprehensive approach and the kind of integration or relationship that is emphasized in the approach, while Figure 4 depicts the integration within a component, namely the stakeholder.

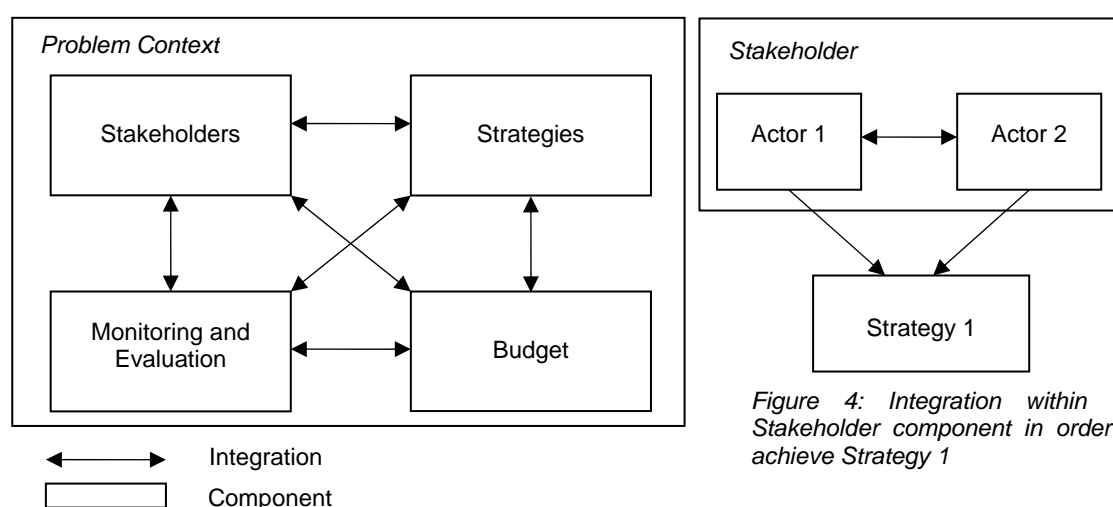


Figure 3: Major components emphasized by the comprehensive approach and its integrations with the components

Figure 4: Integration within the Stakeholder component in order to achieve Strategy 1

The essence of the comprehensive approach further can be related to the underpinnings of systems thinking, where it is referred by Lewins (1951) as viewing problems as a collection of various components which are interrelated and interlinked. According to this approach, different components have a relative influence on each other, and as a result changes made to one variable will affect the other variable(s)

and affects the equilibrium of the system (Bausch, 2002). In this way, systems approach includes perspectives such as holistic understanding of the problem, identifying the relationships and boundaries to reach or go beyond the equilibrium of the system (Hall, 1989). Another facet of systems approach is that in systems approach, “*system*” is based on the “*actual*” results of the operation, not those that were “*intended*” (Keating, Kauffmann et al., 2001). And because of this fact, the results obtained from this approach is usually less than ideal as the system produces intended as well as unintended consequences. The contention made on the systems approach further can be related to the explanation provided by Keating, Kauffmann et al., (2001) where according to the scholars, the systems approach aims to take a holistic consideration of the “*problem system*”. This includes the social and the technical elements, their formal and informal relationships, emergent patterns, and the unique context of the problems. In addition, it further identifies, that problematic conditions are produced by a problem system and the problem system is embedded in a unique context. Therefore, the main point identified by the scholars is that the systems approach suggests to understand the “*problem systems in a specific context*”, instead of addressing the “*problems*” (Keating, Kauffmann et al., 2001). In this aspect, if the systems approach is to be adopted in solving a social problem like the illicit drug problem, it requires to undertake specific actions in an integrated, coordinated manner with regard to the problem in the specific country. Likewise, identification of the context in which the problem has occurred and identification of the various components that has an influence on the problem and identification of the relationships between the components are among the key actions of the systems approach. By doing so, it will be able to address the problem by taking a holistic stance towards the problem, as it will not only limit the solution(s) to the best practices used in other countries, but it will also vest the solution(s) to the base of the problem, to its context, taking all possible areas of concern. From the explanations provided on the comprehensive approach and the systems approach, it can be seen

that the two approaches resembles with each other, and for the purpose of this paper the term “comprehensive approach” will be used to refer to both the “comprehensive approach” and the “systems approach”, unless otherwise noted.

Taking real life examples, with regard to the comprehensive approach, *The “Four Pillar” Strategy of Vancouver* is amongst the most famous for this approach (MacPherson, 2000; MacPherson, Mulla et al., 2006). This is because, the “*Four Pillar*” strategy fully posts itself to the explanation mentioned regarding the comprehensive approach. Having checked the validity of the approach, it was found that with the implementation of comprehensive approach in the late 1990s, Switzerland claims that 65 percent of active users are in some form of treatment and the remainders are in contact with harm reduction programs (MacPherson, 2001). However, when Switzerland adopts a system of care for drug users, including the provision of high and medium threshold services for drug users, research found that the Swiss were able to reach only 20 percent of the drug users (MacPherson, 2001). *The Frankfurt’s Comprehensive Program* is another example of this kind where Germany found tremendous decline in crime-related and health-related outcomes in 1997, after adopting the comprehensive approach (MacPherson, 2001). Likewise, more and more countries are adopting this approach as their drug policy (e.g., UK, Sweden, Australia and etc.) however with customized solutions according to their context.

As to the above literature on the current trends in drug policy, it is revealed that most of the countries are moving towards taking a comprehensive approach which calls for greater diversity of strategy / measures to control the problem. These diversities not only vest with the strategies identified towards the drug problem, but also incorporate the processes involved in the efforts to control the problem. Likewise, the facts and figures showing the success cases of the comprehensive approach, poses the

importance of adopting a comprehensive approach towards the drug problem, as it facilitates to address the problem from top-to-bottom, right-to-left as well as taking all possibilities of customizing the solutions to the context. The successes vested in the comprehensive approach pushes those countries, who have not yet adopted the approach to the drug problem, to adopt same in their fight against the problem.

2.6 CONCLUSION

As to the above literature, drug policy has been painted in different colours, at different times in the history. Prohibition or criminalization of drugs was the first approach towards illicit drugs, followed by harm reduction (including treatment and prevention) and legalization. Despite the fact that the three approaches differ in the way that they stand against the drug problem, the fundamental principle underlying drug policy remains with the assumption that the substances are objects of control, causes harm directly or at least have the potential to cause serious harm to the society. In other words, the approaches differ in the way they take their stand in controlling drugs. The literature presented also reveals that no matter how famous a policy approach is, all the three approaches possess both positive and negative consequences in them. However, there is no one approach which is considered to be dominant over the other and the debate on the drug policy is still a hot issue in the current social arena, both nationally and internationally. Lastly, the initiation of the different approaches were found to be linked to the very settings and contexts in which the drug use occurs (e.g., the impetus for harm reduction by the Netherlands is linked to the growing number of youth experimenting drugs, while declaring the prohibitionist approach by the United States is linked to political agenda of the country). And this fact has progressed to a level that at present, countries adopt different strategies from different approaches as a response to their societal settings as well as to the new developments in the arena - giving rise to taking multifaceted

and comprehensive approach to drugs. Comprehensive approach aspires individual countries to develop their own drug policies, whereby taking into consideration the full picture of the problem as well as the context of the country. This in turn would make the drug policies of those countries more favourable over the other policies in the arena as it is a customized solution to their own country, instead of a ready-made solution adopted elsewhere in the world.

CHAPTER THREE: METHODOLOGY

3.1 INTRODUCTION

As was mentioned in chapter one, this study is composed of two parts. The first part comprise of examining the current drug policy of the Maldives and exploring the reasons why the Maldives is unable to attend the drug problem effectively. The second part comprise of coming up with a policy framework that is best suitable to the Maldivian context, whereby taking into account the loopholes in the current policy framework. Having established the purpose of this study, the following chapter outlines the methodology used in undertaking this research. According to Sekaran (1992 , p. 4) research methodology is defined as an *“organized systematic, data based, critical, scientific inquiry of investigation into a specific problem undertaken with the objective of finding answers or solutions to it”*. In light of this definition, this chapter explains the rationale of the research design adopted by this study, the methodologies used in selecting the sample, the data collection mechanisms used to obtain the necessary information, and how the analyses are being made with regard to the purpose of this study. The chapter will conclude by providing the difficulties or limitation(s) confronted by the researcher in undertaking this study.

3.2 RESEARCH DESIGN

The research design is identified as the master plan which details methods and procedures used for collecting, analysing and interpreting data to answer the research question, together with determining the sources of data collection, techniques of analysing data and sampling methods (Zikmund, 1997). The research design, thus acts as a guiding ‘blueprint’ in achieving the research objectives by using the collected data (Crabtree and Miller, 1992). As the aim of this research is to examine the current drug policy of the Maldives and to come up with a policy

framework that is suitable to the problem context, the study represents the need for a detailed comprehensive investigation of the problem area. In this stance, the research proposition accrues to the paradigm of qualitative research as the scope of this study requires undertaking a detailed and in-depth analysis of a social problem within the context of the Maldives. Creswell (1994) defines qualitative research as an inquiry process to understand a social or a human problem by building a complex holistic picture, formed with words, reporting detailed views of informants, and conducted the process in a natural setting. Thus, choosing a qualitative research paradigm, the researcher seeks to identify the underlying concepts and the relationships between the variables within the phenomenon under investigation (Frankfort-Nachmias and Nachmias, 1996).

To conduct this study the researcher adopted a case study methodology within the paradigm of qualitative research. Case study is defined as an in-depth inquiry into a social or human problem of a single instance or one setting to explain the process of a phenomenon in context (Yin, 1994). Case study allows the researcher to focus on answering the how and why questions when conducting a social research (Yin, 1994). In addition, the case study methodology allows the researcher to analyze beyond a snapshot of the problem and conduct an in-depth analysis of different aspects of the phenomenon under investigation (Bonoma, 1985). Thus, it was identified that the case study methodology would be best suitable for the scope of this study. In undertaking this study, the researcher used a combination of qualitative and quantitative data which was gathered through interviews, questionnaires and through document analysis to examine the effectiveness of the current drug policy of the Maldives. Furthermore, following the analysis of qualitative and quantitative data, the theoretical aspects of comprehensive / system approach will be used to identify the

gaps in the current policy approach to drugs and to recommend an alternative policy framework that is more suitable to the context of the Maldives.

3.3 SAMPLE SELECTION

The possible sampling frame identified for this study involved all the stakeholders who are engaged in addressing the drug problem in the Maldives. Hence, this sampling frame represents all the government offices, NGOs and the general public at large as drug abuse is a social phenomenon, where everyone in the society becomes a stakeholder. To limit the sample selection within the scope of this study, two separate sampling frames were selected. The first category represented all the relevant government ministries who are directly engaged in dealing with the drug problem in the Maldives. The second category represented the general public at large. However to keep the general public at a manageable scope, the representatives of the general public was limited to the people living in the capital, Male'.

To select a sample from the sampling frame of the first category, a list of all the relevant government authorities were selected. Once the relevant authorities were identified, a telephone call was made to them explaining the purpose and the scope of this study, at the same time requesting a top official to sit with the researcher for an interview. In selecting the interviewees, convenient sampling method was adopted in which the researcher relies on available subjects that are convenient, close at hand and easy to reach (Lemeshow and Levey, 1999). Hence, all the authorities that were willing to give an interview were selected. And this comprised of 9 officials from the relevant areas and 1 former drug addict who is presently working as an advisor in the field (refer to Annex A for the list of interviewees). The interviewees represented

all the relevant government authorities and thus the researcher was able to collect a wide range of different perspectives on the problem from these stakeholders.

For the second category, random sampling was adopted. Random sampling allows every member of the population equally likely to be a member of the sample, independently of which other members are chosen (Lemeshow and Levey, 1999). The target sample size was 104, and the aim was to get a total of 104 responses from the general public to respond to the telephone survey used by this study (refer to Annex C for the survey instrument). This sample was selected by using the telephone directory of Male' and participants was selected randomly. Telephone numbers were picked until the researcher was able to get a total of 104 responses. Note to be made that there was a high response rate from the general public as the researcher was able to find 104 willing participants by selecting 150 phone numbers. The following table (Table 2) provides the general characteristics of the sample.

Gender (N = 104)		Age (N = 104)		Study Status (N = 104)		Education (N = 104)		Occupation N = 78 (excl. those who study)	
Male	57.7%	14-25	31.7%	Studying	25.0%	Secondary school / High School	58.7%	Unemployed	14.1%
Female	42.3%	26-35	43.3%	Do not Study	75.0%	Vocational training	7.7%	Private Sector	23.1%
		35 +	25.0%			Bachelor Degree	10.6%	Public Sector	44.9%
						Others	23.1%	Others	17.9%

Table 2 : The Characteristics of the Sample

3.4 DATA COLLECTION

The following was used as the tools for investigations during the data collection period of this study: (1) *interviews*, (2) *questionnaire survey*, and (3) *examination of secondary documents*.

3.4.1 Interviews

To obtain an in-depth understanding of the drug policy, semi-structured interviews were conducted to the selected officials from the sample of government authorities (refer to Annex B for the interview schedule). At the beginning of the interview process all the interviewees were briefed about the purpose and the scope of the research. A pre-prepared, semi-structured interview schedule was used for all the interviewees and further probing questions were asked for clarifications as the interview progressed. The interview schedule covered areas ranging from the current drug situation of the problem, the success and failure factors associated with the current drug policy, the extent to which the current efforts covers the root-causes, the probable directions that are necessary to take in order to achieve successful results to the problem. Except for the former drug addict, all other interviewees were high ranking officials of the government. The semi-structured approach allowed the researcher to conduct the interviews in an informal manner and build a rapport with the participants. All the interviews were tape-recorded with the acceptance from the interviewees.

The interviews were formulated within the structure of semi-structure or an open ended interview, which enabled to interpret the mentality of the informants within the space of time allocated. According to Crabtree and Miller (1992) semi-structured interviews are guided, concentrated, focused and open-ended communication events that are created by the interviewer and interviewee together. This type of interview allows the researcher to obtain in-depth information of the phenomenon and gives freedom to ask probing questions as and when required.

3.4.1 Questionnaire Survey

As the main purpose of this research is about identifying how effective is the current policy on drugs in the Maldives, a questionnaire was designed to verify public opinion on the current policy. The questionnaire mainly contained 7 sections which included questions to obtain a general overview of the problem with regard to its seriousness, the public opinion towards the overall government policy, the varying opinions on the four strategies undertaken by the government, followed by some brainstorming questions to grasp the public belief in addressing the problem. Thus, the mentioned sections serve two purposes: firstly, to identify the public opinion on the effectiveness of the current drug policy; secondly, to identify the approach and the probable kinds of measures that the public is looking for in addressing the drug problem. In this way, the questionnaire comprised of mainly of *Likert Scale* items with a few fixed items while allowing the respondent to open up their views apart from what is directly been questioned in the questionnaire (refer Appendix C for the questionnaire instrument).

It is to be noted that according to literature, questionnaires are considered appropriate to obtain data from a broad sample with minimal time and cost (Creswell, 1994). A questionnaire also assures anonymity encouraging a greater possibility of honesty and reliability from the respondents. In this stance, it was decided that the public opinion on the drug policy would be best obtained via questionnaire survey, as it is one of the fastest and effective way to reach the selected sample from the public. The same argument is further appealing when it is attached to telephone interview using survey instrument as it further increases the anonymity and often people tend to be more open in their discussion. The reason for using a telephone survey questionnaire is to increase the response rate as this kind of research is very new to the Maldives. Furthermore, telephone

questionnaire was thought most appropriate to the Maldivian context as it is often common for the general public not to openly criticize the government and its policies due to the culture and the political climate that exist within the country.

3.4.3 Examination of Secondary Documents

The data gathered during the study included the published and revised draft/unpublished documents in the attempt to control the drug problem in the Maldives. These documents were used to capture the themes and approaches the government has adopted over the last two decades in dealing with the drug problem. In this aspect, the RSA and the proposed master plan played an important role as the official document, which provides a comprehensive background and the main source of information on the attempts taken and proposed against the drug problem. In addition, official letters sent to government agencies by the President's Office, the cabinet papers regarding drug problem, and other papers produced with regard to the problem were also studied. Information was also gathered from Maldivian penal code, news articles, and some other relevant reports and websites of the relevant authorities.

3.5 DATA ANALYSIS

The data gathered for this study was analyzed using two methodologies. The quantitative data obtained from the survey questionnaire was interpreted using descriptive statistics (refer to Appendix D for the raw data on the survey questionnaires), while the qualitative data obtained from the interviews were analyzed using content analysis technique. Then the qualitative responses from the questionnaire and interviews were grouped into common themes and categories to derive an inference from the responses. The main qualitative themes included; the general overview of the drug policy, the effectiveness of the current strategies, and

the possible future action necessary towards the problem. The study also triangulated the responses and the themes whenever possible, using the data gathered from multiple sources (interviews, survey questionnaire and the secondary documents) to robust the findings and the interpretations. Data triangulation is defined as using multiple data sources in a study to arrive to a single conclusion (Creswell, 1994).

3.6 LIMITATION OF THE STUDY

As this study is qualitative in nature, the study has the inherent limitation of the case study research as qualitative research like case studies are always prone to subjective judgments and interpretations of the researcher. As a result, the study may suffer from the personal judgment of the researcher. To mitigate this problem, wherever possible the data from different sources were triangulated, the interview records and transcripts were re-visited occasionally and the interpretations made by the researcher were independently checked by a research assistant to make sure the researcher have interpreted the responses correctly. Another limitation of this study includes the survey is been conducted only in the capital of the Maldives, although the drug issue is a problem in all parts of the country and the policies adopted by the government are applied to all the regions of the country. Selecting the capital as the sampling frame may result in the responder bias as the capital is most affected by the current drug problems and its consequences. And as a result people from other regions of the country may have a different view from the residents of the capital with respect to the current drug policies. Furthermore, the findings of the survey would have been more representative if the researcher adopted a stratified random sampling instead of simple random sampling to make sure all the facets and stakeholders of the society are represented in the sample.

CHAPTER FOUR: HOW EFFECTIVE IS THE CURRENT DRUG POLICY

4.0 INTRODUCTION

The Maldives pursues four strategies in its attempt to control the drug problem in the country, namely law enforcement, treatment and rehabilitation, prevention and supply disruption. These strategies undertaken to control the drug problem seems practical, as the different measures undertaken aims to correct the convicts and bring them back to the society as reliable individuals. However, despite the practicability of these measures, the illicit drug problem does not seem to be at ease from its very beginning. Instead, according to the statistics, the number of people convicted of drugs is increasing together with the number of seizures of drugs in the country. In addition, according to varying sources majority of the convicts who are trapped in the dilemma never get out of the cycle. And the growing number of new comers, especially the increasing number of youth in the dilemma is considered a daunting situation faced by the country as it is closely linked to the future of the country. In this context, the chapter aims to provide an account on the effectiveness of the current drug policy in the Maldives, with that of the loopholes existent in the system that deprives to achieve successful outcomes.

The chapter will be mainly based on the primary analyses made from the telephone survey and the interviews conducted to the relevant authorities. The chapter thereby will start with an analysis on the public opinion towards the drug situation in the Maldives and the overall policy to control the problem. Secondly, the chapter will identify the loopholes in the current drug policy on which the public have vested their opinions with regard to the effectiveness of the current policy. This section will be the main part serving the interest of this chapter and it will be based on the inferences made from the telephone survey and the interviews conducted. At the end of the chapter, it will identify the public opinion on the ideal kind of policy and the likely

strategies that is needed in the attempt to control the drug problem in the Maldives. Lastly, a conclusion will be drawn from the analyses, in the course of identifying whether the current drug policy of the Maldives is a success or a failure.

4.1 PUBLIC OPINION - CURRENT DRUG SITUATION AND THE DRUG POLICY

According to the public opinion survey to identify how appealing is the current drug policy, the survey identified astounding results with regard to each of the sections in the questionnaire. In this aspect, the part which aimed to identify the general awareness of the drug problem found that

82 percent of the respondents believed that illicit drugs are either easy or very easy to obtain in the Maldives (refer to Table 4). On the same point, 59 percent of the respondents stated that they know someone, such as a relative, a friend or a neighbour who has become an addict (refer to Table 3). Similarly, the survey also

identified that the majority of the people involved in the drug problem are adolescents and youth (refer to Table 5). However, adults are also found to be involved in drug-related activities but the

numbers are very few, and according to the respondents, most of them are not addicts, but they are involved as traffickers and dealers. The survey further identified that the major people involved in trafficking and distributing the drugs are “locals and foreigners” followed by “locals” themselves. Note must be made that a handful of

Level of Availability	Response
	(N =104)
Very Easy	40.4%
Easy	41.3%
Difficult	18.3%
Very Difficult	0.0%

Table 3: Availability of Drugs in the Market

Extent of Drug Problem	Response
	(N =104)
Yes, I know someone who became an addict	58.7%
No, I do not know someone who became an addict	41.3%
Not Sure	0.0%

Table 4: Extent of drug problem

Prevalence of drugs among Ages	Response
Adolescents (between 10 and 19 years of age)	53
Youth(between 20 and 49 years of age)	71
Matured People (above 50 years of age)	15

Table 5: Prevalence of drugs in different age groups

respondents considered expatriate workers, tourists and foreigners as the traffickers of drugs to the country (refer to Table 6).

Active Groups in Illegal Trafficking	Most Active	Active	Little Active	Least Active
Locals	32	58		
Expatriate workers		2	1	2
Tourists		8	5	
Foreigners		3		
Locals and foreigners	68	28		
<i>Table 6: Active groups in illegal trafficking</i>				

These results, thus clearly identifies that the public views its own people or its own people in connection with foreigners as the traffickers of drugs to the country. These facts and figures are shocking as to the escalating nature of the problem in terms of its availability, commonness, as well as with regard to the number of capable people that the Maldives is loosing in the course of its development.

The responses towards the availability and the commonness of drugs in the daily life, further provides grounds to speculate the effectiveness of the current attempts undertaken to control the drug problem. In this respect, the survey explored how appealing is the current drug policy to the general public. According to the survey results, despite the increasing nature of the drug problem in the Maldives, majority of the respondents believed that the four strategies undertaken by the current drug policy is appropriate in the effort to control the drug problem. However, when it comes to the efforts undertaken by the relevant authorities to enforce these strategies, the respondents viewed it as ineffective. According to the survey findings (refer to Table 7), 81 percent of the respondents claimed that the efforts undertaken towards law enforcement are ineffective. Whilst supply disruption or the efforts to control the importation of drugs to the Maldives (as it is the

Drug Strategies	Working Well	Not Working
(N =104)		
Law Enforcement	19.2%	80.8%
Prevention	14.4%	85.6%
Treatment and Rehab.	41.3%	58.7%
Supply Disruption	24.0%	76.0%
<i>Table 7: Strategies working well and not working</i>		

only means of drug entry to the country), is rated ineffective by 76 percent of respondents. Similarly, 86 percent of the respondents believed that the government efforts to proactively deal with the drug problem or prevent the problem are not effective. As to the treatment and rehabilitation strategy, 59 percent of respondents believed that the current efforts to control the drug problem are ineffective. It is to be noted that, the same trend was observed when the effectiveness was analyzed in a likert scale, to identify the extent of the effectiveness of each of the strategies. Apart from rating the effectiveness of the drug policy and its strategies, the respondents also provided contesting views on the different aspects of the strategies which provides grounds to contest the effectiveness of the current policy. These ranges from the inconsistencies in enforcing fair-and-just actions, incompetence in conveying the real dangers of drugs, lack of awareness and availability of treatment and rehabilitation to its recipients, inefficiency in the current methods of surveillance, lack of confidence in the enforcement agencies and to the defects in the drug law itself.

These figures combined therefore demonstrate that the current actions undertaken by the relevant agencies are not effective in controlling the drug problem faced by the Maldives. And the majority of the respondents claiming against the effectiveness of the current efforts of the agencies, further identifies that the general public are disappointed with the current efforts taken to control the drug problem, consequently leading to take a negative stance towards the overall drug policy. This was further revealed when 65 percent of the respondents viewed the current policy on drugs as ineffective or somewhat ineffective (refer to Table 8). However, note to be made that majority of the respondents claimed that the four strategies undertaken by the current drug policy are relevant measures to control the drug problem (refer Table 9 for details).

Effectiveness of Current Policy	Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective
Response (N=104)					
How effective is the current drug policy in dealing with the drug problem?	0.0%	0.0%	34.6%	28.8%	36.5%

Table 8: Effectiveness of current government policy on drugs

Appropriateness of the Current Measures	Yes	No
(N=104)		
Law Enforcement is an appropriate measure in dealing with drugs	86.5%	13.5%
Prevention is an appropriate measure in dealing with drugs	86.5%	13.5%
Treatment and Rehab. is an appropriate measure in dealing with drugs	84.6%	15.4%
Supply Disruption is an appropriate measure in dealing with drugs	91.3%	8.7%

Table 9: Appropriateness of the Current Measures in dealing with the drug problem

These findings therefore can be concluded as, the public acknowledges the fact the current strategies undertaken in the drug policy are appropriate, however due to lack of expected performance of the relevant authorities, the current efforts taken to control the problem is considered ineffective. Ultimately, this leads to the broad conclusion that the general public views the current drug policy of the Maldives as ineffective.

4.2 LOOPHOLES IN THE CURRENT DRUG POLICY

Without doubt, as to the public opinion survey, it is clearly identified that the current drug policy of the Maldives is ineffective. However, it is important to identify the grey areas in the current drug policy in order to understand the reasons behind the majority of the respondents viewing the current efforts are ineffective. In this context, the following will provide some of the major loopholes in the current policy which would have played an important role for the survey respondents to decide on their opinion towards the drug policy.

4.2.1 Law Enforcement

As has been identified in chapter one, the Maldivian law on drugs takes a strict stand towards the drug problem. According to the drug law, imprisonment is the most common form of punishment for the illicit drug abusers. This statement further can be backed by the statistics on the number of drug abusers in the prisons at a given time. Likewise, in September 2004, it reported that more than 800 drug abusers were in prison, while the total number of convicts in the prison accounts for approximately 1000 (Harding and Morgan, 2004). However, with regard to the effectiveness of this measure, it was found by an interview respondent (in the law enforcement arena), that the growing number of drug convicts in the prison has become a great concern for the relevant authorities who are responsible for the prisons. According to him, *“sentencing the drug convicts to prison is creating an underclass of young people from the prison. This is because, even the convicts who go into prison as drug users emerge as more hardened criminals within a short period of time, as the current system in the prison do not segregate different types of criminals. Thus, this makes the prison to be considered as a University which creates Criminals”*. The failure to separate the drug-related criminals from the hardcore criminals in the prisons therefore will lead to socialization of both the groups, consequently increasing the tendency of repeated offenses by the drug convicts as they become more advanced after gaining knowledge from other criminals in the prison. Hence, this can be considered as one of the biggest loopholes in the current system of law enforcement in controlling the drug-related issues. In addition, continuing on the same issue of imprisonment, it should be noted that the drug users in the prison are deprived of obtaining any access to counseling or rehabilitation during their incarceration (Harding and Morgan, 2004). Experts in the field of narcotic drugs, contest this practice, as to them therapeutic intervention is amongst the very

important facilities that must be provided to the convicts in getting them out of the dilemma (Birkhead, Klein et al., 2007). Lack of such facilities in the prison therefore means that very little is done to motivate drug users to quit their habit of drug abuse. This again acts as a negative consequence in blocking the drug users to break the loop and come out to the society as reliable individuals, ultimately putting weight on ineffectiveness of the drug policy.

Apart from the conditions in the prison, it was generally accepted by most of the survey respondents and the interviewees, that the current drug law is too strict in punishing the drug abusers. According to the drug law, if a person is to be convicted of drugs for the first time, they will be sentenced for 6 years. However if the person is considered a drug user and a first time convict, then the person is sentenced to rehabilitation. However, once these people are released after completing their sentences, and if they are again caught in any kind of drug-related activity, they are sentenced for 12 years in prison, no matter the convict is a user or a dealer, and with no possibility of obtaining rehabilitation. Beside the ill-treatment at the prison, an interview respondent (who has worked closely in the treatment and rehabilitation) stated that the prolonged punishments given to the drug convicts are inappropriate. According to him, *“since the majority of the drug convicts are the youth, and most of them undertake drugs to experiment it, the current sentences works as a kind of life imprisonment for the youth, where the convicts themselves are unable to foresee a time that they can live a normal life. And most importantly, if an innocent person is to be sentenced to prison means a stepping-stone towards becoming a criminal. Therefore, either way there is no space for the convicts to correct themselves and return back to the society as a normal person.”* Apart from this contention on long sentences, majority of the survey respondents together with some of the interviewees viewed that all of the convicts in possession of more than 1 gram of drugs should not be considered as

a drug trafficker or a dealer. This is because the sentence to this group of convicts is 25 years and according to them, most of the convicts who are punished according to this law are not dealers but they store some supply for future personal use. In this context, the punishment given by law is not appropriate to these convicts, thus creating another criminal(s) in the society. The arguments towards the current drug law is too strict, is further acknowledged by an interviewee (who has closely worked in the treatment and rehabilitation) where he based his claim on the suggestions made by Paul H. Robinson, one of the leading scholars on criminal law. According to the interviewee, *“the expert was tasked to investigate the penal code of the Maldives and he found that the current drug punishments are too strict. Therefore, the expert suggested amending the 25 years of sentencing to 1 year 6 months, the 12 years of sentencing to 1 year, and 6 years of sentencing to 8 months. This suggestion made by the expert shows how strict is our sentences and how inappropriate are them in dealing with the problem.”* The above claims made on the strictness of the current drug law can therefore act negatively towards the law enforcement strategy. In addition, the overuse of punishment is further identified resulting in reduced *“deterrent effect”* (Harding and Morgan, 2004). This is because for many of the youth, incarceration has become a common occurrence in the current system. The strict laws therefore act as a counterproductive measure as it facilitates to consolidate with other inmates and even to the extent of creating criminal careers.

On the same ground with that of imprisonment, banishment, the second foremost measure used to punish convicts is also been under attack on its effectiveness by most of the survey respondents. The reason for this is because under banishment, convicts are relocated to an inhabited island from his / her native islands for a specific period of time. The main objective of the measure is to provide the convicts with a hard time in terms of living away from family and

friends, behaving rationally to obtain social acceptance in the island that the person has been sentenced, and also to live under watchful eyes of selected authorities and other locals of the island throughout the sentence. By doing so, it is believed that the convicts will try to enforce corrective measures in their behaviour whereby establishing new relationships and values from the local community. However, according to an interviewee (in the policy arena), *“the validity of the measure was under question on varying grounds as most of the banishment cases ended up having a “contamination effect” which acted negatively to the overall purpose of the measure”*. According to this effect, the convicts make allies with potential people like them from the community that they are been sent to, share their knowledge and information on drugs with them and contaminate new people on the plague of drugs. And because of these negative consequences attached with banishment, it leaves a huge ground for the people to be doubtful about the measure as it is not only displacing the problem from one region to another but also becomes a breeding opportunity for the plague. Note to be made that presently banishment is not emphasized by courts, however even at present there are few drug convicts serving their sentences under banishment.

Apart from the loopholes that exist within the different components of the law enforcement strategy, the survey results further identified that there are occasions where the process of law enforcement is contested. This is when the respondents believed that *“the current punishments are more than enough to control the drug problem, however the problem arises when the punishments are not enforced in accordance to the law”*. They base their claim on occasions such as releasing the convicts on pardon basis before the actual date of release, limitations on the part of enforcement agencies to raid suspected places and arrest those who are well-known for drug-related activities, inconsistencies found in law enforcement depending on “who is been caught” or “who has to be caught”,

and the corruption related activities found on the part of law enforcement agencies. Such limitations on the process of law enforcement therefore creates fertile grounds to contest the current drug law, the leadership role of the enforcement agencies, especially those agencies where the same leader has been leading the agency for a long, as well as the law enforcement strategy itself. In addition, an interviewee (in the law enforcement arena) further has given his opinion on the ineffectiveness of the current law enforcement process. According to him, *“the current capacity of the respective agencies does not cater to the growing number of convicts in the drug-related problems. An example of this kind would be, say that the current capacity of the prison is 800, while there are 1500 convicts sentenced to prison. Due to the shortage in the prison as mentioned, the law enforcement agencies cannot act according to the law, although they want to free drugs from the country. Instead they have to act according to the availability of the facilities at hand, which makes 700 convicts sentenced to prison to be out in the street, open to everyone. This is not only a problem with the prison system, but is persistent in other agencies as well, which deprives them from taking appropriate action(s) with regard to their duties on the drug problem.”* Such deficiencies in the system therefore act negatively towards the law enforcement agencies and the law enforcement strategy, ultimately considering the current drug policy as ineffective.

Referring to the above contentions regarding imprisonment, banishment, the process of enforcement and the drug law itself, reveals that there are significant pores in the existing system which requires to be taken into consideration, if the Maldives requires controlling the drug problem in the country.

4.2.2 Treatment and Rehabilitation

Treatment and rehabilitation strategy seem to be effective considering the number of people who are undertaking the programs and who has successfully completed the programs. According to statistics, success cases reach a figure around 65 percent (Harding and Morgan, 2004). Although the success figure is positive, some of the survey respondents question about the rest of the clients who join the rehabilitation and who have failed to succeed in the programs. In this aspect, questions such as, is it because of the services provided in the facilities are insufficient or the approach of therapeutic community model itself is unsatisfactory are major themes of comments made by the survey respondents on the issue. Another group of respondents further commented on the validity of the huge cost involved in the programs as to the number of clients failing to succeed during the treatment. According to an interview respondent (from the treatment and rehabilitation sector), the government spends approximately USD 1,000 per head to rehabilitate the offenders. This is a huge lump sum to a small developing country like the Maldives, as it is striving to sustain in the course of its developments.

Treatment and rehabilitation is also under attack on the ground that the DRC is under utilized. Statistics of 2003 and 2004 shows that there were only 125 and 116 clients admitted to the DRC respectively (NNCB, revised 2006). The figures are suspicious with regard to the capacities available (i.e. 200) in the facility, as it is only utilizing about half of the capacities of the center while the numbers of convicts in total has increased. It is been believed by the interview respondent (who has closely worked in the treatment and rehabilitation) that the strategy is neither appealing to the convicts nor fully supported by the law, which deprives the convicts undergoing treatment and rehabilitation. According to him, “*although*

treatment can be obtained through voluntary basis under the drug law, there are very minimal occasions that the convicts themselves request for treatment. This is because for them, treatment is not appealing compared to the other measures undertaken, where they have to undergo strict schedules throughout the treatment process, which leads to under utilization of the facility. Similarly, the law deprives drug users to be given a chance for treatment if they are been caught for the second time in any drug-related activity. This again minimizes the number of entries to the rehabilitation although there is a huge demand for it. I personally believe that, apart from those convicted for traffickers or dealers, all others must be sent to undergo treatment, as this is the only hope for correcting the convicts with the current system.” As to the point made by the interviewee regarding utilization of the treatment facilities, it can be deduced that unless otherwise the current drug law allows the second time or third time drug users to undergo treatment, it is impossible to achieve full utilization of the facility. On this ground, it is essential to make arrangements to force the drug abuser to undergo treatment, instead of giving the convicts the discretion to decide whether to go or not. This then will assist in utilizing the treatment facilities effectively, as well as correcting the convicts through care and positive reinforcement. However, because such mechanisms are absent in the current system, thus leads to doubt about the effectiveness of the DRC on the part of it being under utilized.

Similarly, the avenues for referral to DRC are also under question by the majority of the respondents in the survey. According to the current system, referral to DRC is only obtained if the convict is a drug user and a first time convict of drug use, then upon their request or upon the Police consideration on the same condition. In this context, according to Harding and Morgan (2004), the process of choosing a specific convict over the other for treatment and rehabilitation is ambiguous which ultimately loose the validity of ensuring that the convicts at the treatment

facilities are the most appropriate people for the service. On the same point, the claim made by some of the survey respondents further can be added to this contention with regard to the ineffectiveness of the referral system. According to them, DRC only caters for the clients who have some kind of link or influence on the authorities. This therefore leads to improper selection of the people for treatment, which then creates room for ineffectiveness in the referral system, in terms of corruption. In addition, two of the interviewees further have identified their concern on the current referral system with regard to its sustainability. According to them, *“the current referral system is not appropriate to survive and sustain in the long-run. However, it requires clear statutory authority and statutory framework for the referral system to achieve successful results in the treatment strategy.”* In this way, the validity of the current referral system can be considered under question on varying grounds, thus adding to the pores in the current efforts to control the drug problem.

Apart from the problems mentioned above, the survey respondents further identified that treatment and rehabilitation strategy has many problems in it. According to some of the respondents, the general public are unaware on the importance of remedying drug addicts, the kinds of treatment available under the strategy and how and when to obtain / apply for treatment. Such deficiencies in the current system thus deprive the convicts in choosing the treatment strategy over the other strategies, thus creating an undercut in the treatment strategy. Similarly, another group of respondents' further attached the consequences of the treatment strategy to lack of in-depth treatment and religious perspective offered in the facilities. According to them, the addicts perform well during the treatment period, but once they are out, they cannot stay away from drugs even for 3 consecutive days. This therefore shows that treatment is not effective as the inner spirit of the convicts are not captured through the different kinds of

programs provided within the treatment facilities which then pose the possibilities of relapsing into the system. Furthermore, an interview respondent (who has closely worked with treatment) identified that the payroll system which was intended by the strategy has not yet been established in the system. According to him, *“so far it can be said that there is no one occasion that a tie between the treatment and payroll is established. There is no such system yet established within the treatment strategy. Therefore it can be said that the specific component is still to be accomplished, and once it is done, it would definitely provide some positive results.”* The kinds of deficiencies mentioned with regard to treatment and rehabilitation strategy definitely provides ground to doubt about the effectiveness of the strategy, as well as the current drug policy.

As to the above analysis on the treatment and rehabilitation strategy, the contesting views made by the different groups of respondents, reveals that the intended objectives of the strategy are far from reach. This is due to the very many grey areas that are existent in the strategy, thus requiring it to amend accordingly, in order to successfully achieve the intended results.

4.2.3 Prevention

According to the current prevention strategy, it is of no doubt that the quality, frequency and the target group of awareness programs has taken a leap in their enhancement compared to its initial instances instigated by different government authorities. However, it is widely accepted by the general public that the frequency and the target groups still need to be revised, as it does not cater the claims made by the NNCB under the strategy. On this point, an interviewee respondent (from the policy arena) identified some of the target groups that are excluded in the current prevention programs. According to him, *“there are many*

target groups who are currently out of the program, who can become likely predators of the problem. These groups include those who are unable to complete their education, those who are currently unemployed, those people who have problems with their families and those youngsters who have been found in repeated ill-behaviour." In addition, it was viewed by majority of the survey respondents that there exists not a single program that can be considered foolproof to achieve the prevention objectives. The survey respondents also identified the need to go beyond the current awareness programs of workshops, training and media advertisements. This contention is further strengthened when an interviewee claimed the importance of the prevention strategy in achieving the overall goal of the drug policy. According to him, *"the main focus of the prevention program should be to capture the root-causes of the problem, and then work on a system that can effectively prevent people from going into the drug dilemma. In other words, prevention must work as a pillar, on which other strategies stick in, to support the pillar."* As to this statement, it can be stated that the prevention strategy has to be given much of attention in the current drug policy. This is, in terms of preventing the problem from happening, which then will not require the problem to be cured. In this way, the notion identified by the interviewee aims to take a more holistic approach under the prevention strategy, which requires it to capture all possible areas that can act as a means to thwart individuals entangling themselves in the drug dilemma. However, since the present efforts to control the drug problem lack such a system, it would definitely act to hinder the core purposes of the strategy, ultimately the overall current drug policy.

Additionally, one of the survey respondents claimed that prevention is comprised of both the positive and negative side in it. According to him, he has personally witnessed someone who has become an addict after learning about the experiences that the addicts undergo through the prevention programs. This is

because the person who attended the prevention program wanted to experiment the effects personally once he became aware of it - through the prevention programs. This incident therefore leads to doubt about the contents of the programs and how the messages of the programs are being conveyed to its recipients. On the same point, with regard to the contents of the programs, some of the survey respondents further stated that the Maldives pursues the western counseling methods in the prevention programs and in the counseling sessions provided under the treatment strategy, which makes the addicts feel that they are diseased people, and once they are cured they become normal individuals. However, according to this group of respondents, labeling addicts as diseased people in the Maldives is creating a flood of relapse cases as the addicts take the real message of diseased people incorrectly or too lightly. Such deficiencies in the system may be the reason for some of the survey respondents to comment that the current prevention programs are only conducted for name sake, or they are too superficial in nature, which then lacks the real essence of the programs. On the same point, an interviewee commented on the performance of the NGOs in the prevention strategy. According to the interviewee, *“NGOs cannot be considered effective in delivering the real message to its recipients. This is because the quality of the programs undertaken by them is quiet disappointing. And their efforts may also be considered politically motivated, to gain support and raise fund.”* In this aspect, the prevention strategy intentionally or unintentionally works against the real objectives of the strategy, whereby creating enough room for it to be contested on its validity.

As has been identified that the current prevention strategy possesses varying deficiencies in it, the strategy is to be challenged with regard to its effectiveness as the intended objectives of the strategy remain largely unattained. Thus, this will hinder the effectiveness of the strategy together with the overall drug policy.

4.2.4 Supply Disruption

As was mentioned in chapter one, the Maldives do not cultivate or produce any form of drugs in the country. This therefore leaves the country with only one option to have drug presence in the country, i.e., through importation. Since the Maldives is a country with no resources due to its limitation in the geographical formation, it heavily relies on imported goods. These goods range from both heavy bulky goods to light goods even to the extent of milk, fruits and toothpicks. And with the expansion of the tourism sector, the need for imported goods raised dramatically. As a result, presently the Maldives have two international airports and four international seaports. Each of these openings though intended for commercial purposes, the openings also acted as an entry point of drugs to the country. With regard to this fact, majority of the interviewees (excluding the interviewee from the supply reduction agency) agreed that it is impossible for the authorities to supervise all goods imported as the quantity of goods is large in numbers, timeline to clear the goods is short, and especially when the imports are done through sea. In this aspect they supported the current surveillance mechanisms used by the Customs on drugs at the entry points. However, it is to be noted that although the Customs strictly pursues supervision in the entry points of drugs especially in the airports, due to the limitations on the country formation, and the utmost reliance on imported goods by the Maldives, the authorities currently pursue random supervision of the imported goods via sea. Although, the agency takes this action intentionally and due to the limitations on the part of the country, the area is been considered one of the many grey areas, which increases the probability of incoming drugs into the country, thus acting negatively towards the effectiveness of the strategy.

As the drugs are being imported to the Maldives, an interview respondent (from the supply disruption) mentioned that it is a hard job to identify when and from where the drugs will be coming. According to him, *“until very recently, we do not have any information about the supplies or the suppliers. This means that we were doing our jobs blindly where we just go out with no information and seize the drugs somehow. In this way, it could be said that the efforts undertaken to control the incoming drugs at those days would be having many limitations which would have deprived us from achieving successful results compared to the present system, as the current system works under the Customs Enforcement Network of WCO, which emphasize on standardizing the actions of worldwide customs practices, applying coordinated efforts to control drug imports, and sharing of information on the current trends and intelligence in drug supply.* The interviewee further identified a significant component that was missing in the system of current supply disruption strategy of the Maldives. According to him, *“when we liaised with the WCO to diagnose the current situation of the customs in the Maldives, they identified that we lack a risk management system, which acts effectively to handle the incoming containers, as well as to avoid any manly corruption-related activities. This is because the system is totally automated, including the appointment of personnel to check the containers at different times. This system will be established in July this year, and is been currently integrated with the other systems in the agency. And once this system is established, it is believed that we will be in an advantageous position in our efforts to control the incoming drugs.”* Since, the component of risk management and intelligence information are important components to the efforts of Customs as was suggested by the WCO, absence of such a system would definitely have created grounds for the inefficiencies in the current supply disruption strategy whereby hindering its effectiveness.

Apart from the components mentioned above, another interviewee identified the need for more surveillance on the sea, apart from the seaports. According to him, *“even if the airports and the seaports are secured from drugs through effective surveillance systems, it is impossible to control the incoming drugs to the country, unless the international sea trade route that goes through the Maldivian archipelago is under full surveillance and managed by the Coast Guard effectively. However, it can be said that in the current system, this fact is given minimal or no consideration. Because of this, the drug traffickers being aware of this condition, uses this channel to bring drugs into the country. A good example of this kind would be the 1.6 tonnes of drugs found buried in the lagoon in 2007, as such a shipment is unable to be brought in through the current surveillance systems at the airports and seaports, though the seaports possess limitations in them, especially among the ports in the atolls.”* The interviewee further stated that currently drugs are supplied into the country in a well sophisticated, orchestrated manner, where neither the airports, nor seaports or the international sea trade route is been used, thus hiding from all the surveillances. According to him, *“currently the most common ways of drug supply to the country is via sea, however the dealers or the traffickers do not use any of the ports or the trade route that goes through the Maldives. Instead they use boats or ships, and anchor them out of the Maldivian sea boundary, while another boat comes and collects the drugs from them. In such cases neither of the boats will be suspected and also inspected for drugs. Another common way of supplying drugs to the Maldives is dumping drugs in containers into the sea by the supplier and the dealer comes and search for the “specific” container that is been dumped. Even in this case, both the parties escape from the eyes of law enforcement.”* As to these mastermind mechanisms used to supply drugs to the Maldives, and the lack of surveillance on the part of the Coast Guard, and other mechanisms thus

would create inefficiency and ineffectiveness in the current supply disruptions efforts.

Some of the survey respondents further identified minor components that are important as well as absent in the current supply disruption strategy, which may have played an important role in deterring the effectiveness of the strategy. According to them these include, the ineffectiveness of the sniffer-dogs currently used at the airport due to lack of training given to them, the inability to use well-trained sniffer-dogs on each and every shipment arriving to the country, both by sea and air transportation, lack of stricter security checks at the airport with no exception given to anyone, including the VIPs and random checks at the airports. In addition, an interviewee further added to this list, stating that up-to-date equipments, well-trained staffs, especially in the atoll seaports, monetary and personal security benefits are essential to the effectiveness of the strategy, as this has not become the case yet in the current system. In this way, although the major components of the strategy are served, the mentioned deficiencies are possible areas of concern that may pose grounds to hinder the strategy in one way or another.

Taking the mentioned facets of the problems associated with the current supply disruption strategy, it provides the stimulus to confirm that the current efforts on the strategy is ineffective, as there exist many pores in the system and even at present the agencies are working to correct them accordingly in order to obtain successful results.

4.2.5 Overall Policy

Besides the number of occasions that the individual strategies of drug policy is been contested, it is believed that there are number of deficiencies with regard to the overall policy as well, which deprive the current drug policy of the Maldives to achieve the intended results. Firstly, it is generally believed among the majority of the interviewees that the current drug policy is also another occurrence that the government has taken a quick-fix to the problem as usual. According to them, when the drug issue was first reported, the government swiftly suppressed the problem, by prohibiting it through the law, and only basing the decision on the religious stand of the issue. It is believed that the reason for the government to take such a short-sighted decision, to sentence the convicts to prison for a long time, is due to the fact that the government was shortsighted in thinking that the problem will come this far, as the number of drug cases was few at the beginning of the dilemma. However, the quick-fix to the problem, failed to understand the root-cause(s) of the problem, which can be considered one of the main reasons for the escalation of the problem to the extent that the country is experiencing today. According to some of the interview respondents, even at present there is no single action designed to attend the root-cause(s) of the problem. This therefore can be considered as the prime area of concern, as according to the interviewees, the root-cause(s) needs to be addressed if the problem needs to be eliminated. If not the possibility of deteriorating the situation is definite, despite the immense efforts undertaken to control the problem. In this aspect, some of the major root-causes identified by the respondents include: (1) failure to undertake regional development resulting in people to migrate to the capital; (2) unable to effectively and efficiently manage the huge number of migration to the capital; (3) prevalence of imbalances in the development efforts by creating a wide inequality gap between rich and the poor; (4) failure to instill the families with

the rich culture and values of ancestors due to the increasing number of working parents who strive to accommodate the needs of the family by leaving their kids with the servants, mostly from the neighbouring countries; and (5) lack of recreational space, facilities and events in the country; (6) prevalence of huge number of unemployment among youth and etc.

Secondly, an interview respondent (from the policy arena) identified that the current efforts to control the drug problem lacks important stakeholder participation. According to her, *“the present stakeholders represent very key areas of concern however, as the problem is broad in nature, the stakeholders should not be limited to incorporate the government agencies alone. It is to be noted that the newly introduced DCMP has identified some of the major stakeholders that were missing in the present system such as the Coast Guard, Ministry of Education, Ministry of Health and NGOs to work in the frontline. However, it further lacks stakeholders such as the private organizations, different groups from the community such as the parents of addicts, scholars from religious sector, and also from the general community at large, as they are also among the core people who can play important roles in identifying the problem from the very early stages, coaching against using and dealing with drugs, and providing support to make the community a drug-free society.”* On the same point, another interview respondent (from law enforcement arena) stated that, *“if the system can adopt the newly introduced community participation practices, such as “community policing” in the fight against drugs, the law enforcement job will become much easier and effective in controlling the problem, as the authorities are in short of man-power, so as the country.”* He further states that, there are enough groups from the community who are willing to work with law enforcement agencies and other areas. However, due to lack of proper system to incorporate them in the current efforts, they are been deprived of working in the current

system. According to him, *“yet, there is no system established to make the community involvement, although there are some hotlines opened for reporting any ill-behaviours in the society, including drug-related offenses. And since the current law does not provide any protection to the individuals, against any threats from the convicts, including life threatening situations, some individuals feel reluctant to get involved in the system. In this way, unless otherwise a proper system is established to protect the individuals, we cannot allow community participation to a larger extent than that of the present situation.”* As to the above, claims made by the interviewees, it is clear that the current drug policy lacks some of the relevant stakeholders, who could have made a difference in achieving better results with regard to the current efforts. At the same time, it has provided the insight to have the auxiliary support to facilitate the stakeholders' participation in the course of preventing any obstacles that may arise in the future. In this way, lack of important stakeholders definitely would result in having negative results with regard to the current efforts, as it minimizes the achievements being made.

Another significant problem identified by some of the interviewees is the lack of coherence and integration among the individual strategies. According to them, the four strategies (i.e., law enforcement, treatment and rehabilitation, prevention and supply disruption) seem to act independently from each other. And one of the very vigilant areas in this context is the lack of a blend between the law enforcement and the treatment and rehabilitation strategy. According to one of the interview respondent, *“there are many convicts in the prison who needs treatment. And most of these convicts are in prison because of the clause in the drug law which states that any person in possession of 1 gram of drugs or more is deemed to be a drug dealer. According to this clause, a person who has stored more than 1 gram of substance even for future use is considered a dealer and is*

sentenced to prison. And because they are sentenced for prison, according to the law, they are not provided with any treatment. However, I believe the two strategies must work hand-in-hand, not to achieve the individual objectives of each of the strategies alone, but it must work to achieve both the individual strategies and the overall drug policy". The claim made by the interviewee is very true, because lack of a blend between the strategies will obscure the intended success, as it may not perform to the mark-up due to the fragmented approach taken towards the issue. The same contention can be applied to the integration of treatment and payroll. As to this case, the treatment strategy must identify ways to incorporate the employment component, from different areas of concern. This could be either in the form of allocating specific slots for the treated addicts in every private organization or arranging jobs to the treated addicts on contract basis, while the treatment agency is held responsible for the behaviour of the treated addicts in those employments. However, in the present system since there is no integration made between the two components, ineffectiveness of the strategy prevails. The same results are expected if the stakeholders or the agencies responsible for a specific action fail to work together. Thus, with regard to the claims made above on lack of integration between the treatment and punishment in the prison, and between treatment and payroll, it can be both held responsible for the failure in having a blend between strategies as well as the stakeholders involved them. In either of the case, it is definite that it will act negatively towards the overall policy objectives, thus resulting in ineffectiveness of the overall drug policy.

Similar results are prevalent as to the claim made by an interview respondent with regard to the imbalance in the current system, which is essentially necessary to effectively attend the objectives of the drug policy. The interviewee made his claim on the difficulties faced by the authorities in attaining the supply reduction,

as it is closely linked with the demand side of problem. According to him, *“among the SAARC countries, Maldives is the country where prices of drugs is most expensive compared to the neighbouring countries. That is, the price of one gram of drugs in the Maldives is USD 110 while in Colombo it is for USD 25 to 30 and in India it is for USD 20 to 25. And since the Maldives is amongst the strongest economies in South Asia, and earns a lot of foreign currency, the traffickers or the dealers identifies the Maldives as an ideal market in South Asia for drug business, and thus supply drugs in any way they can. This therefore has resulted in the change in the present import mechanisms by the suppliers - making the whole situation more complicated. What I believe is that, if there is no demand for drugs, there would be no use of supplying it. Same applies to the other way too. The point that I want to make here is that, supply reduction or demand reduction cannot be achieved independently from each other as they are closely linked. Therefore despite the efforts taken to stop the incoming channels of drugs, the growing demand for drugs, will undermine the efforts of the supply disruption efforts.”* As to the contention made by the interviewee on the demand and supply side, it provides the importance of having a balanced approach, which emphasizes both the components to be addressed at once in a coordinated manner, if it requires achieving successful results. And due to the fact that the current system used in the Maldives lacks such a balanced approach that is required for them to undertake the actions, thus results in ineffectiveness in the efforts as well as the current drug policy.

Fifthly, it was also identified by an interview respondent in the policy arena that the present system to control the drug problem lacks proper evaluation mechanisms. As was identified that the different agencies responsible for the drug problem undertake their tasks independent from each other, the interview respondent identified the evaluations undertaken by each of the agencies are

independent from each other. According to him, this has resulted in different agencies using their own way of evaluations within themselves, making the system ambiguous on when and how the evaluation is carried out, what tools are used in the evaluations and what actions are taken with regard to the outcomes of evaluations. According to the interviewee, *“the evaluation systems used by the different agencies are so different from each other, and is hard to make an inference by incorporating the data from the different agencies. I must note here that, even the categorizations of the major characteristics of the data are so different from each other, which makes it even harder to interpret them correctly.”* As monitoring and evaluation is one of the major components which can assess the effectiveness of the current efforts towards the drug problem, it is important that the evaluation is conducted effectively. However, due to the inconsistencies found in the current evaluation system, poses grounds to doubt about the performances of each of the agencies, as well as the drug policy as a whole. This may be the fact that the DCMP has identified the need to establish a central database with regard to the drug problem. However, lack of such a database and the inconsistencies in the current data and the evaluation mechanisms, thus accrues to the grey area existent in the current drug policy, contesting its effectiveness.

Apart from the mentioned points that has raised questions about the current drug policy, the interview respondents further identified that there exist a number of other problems which may be held responsible for the ineffectiveness of the drug policy. Likewise, an interview respondent identified that they had to face difficulty in budget related matters, as the current budget is insufficient for the growing problem, with that of its urgency to control the problem. According to him, *“we wanted to purchase X-ray machines for the seaports in the atolls. However, because there was no budget for the machines the purchase was on halt for a*

long time, and for a time it was believed that we may not be able to get them. But fortunately, the matter was raised to the President himself, and the budget was arranged for the machines. I must say we were fortunate that time, however this may not be the case every time. Therefore, I wish there is a more proper way of allocating the budget to avoid such incidents in the future." This incident mentioned by the interviewee therefore identifies the kind of difficulties faced by the authorities because of pursuing inappropriate budget allocation mechanisms. In the current system, budget for the drug-related actions are assigned to each of the authorities individually depending on the work that they plan to undertake that fiscal year. However, referring to the incident identified by the interviewee, it is essential that the authorities be provided with sufficient budget or to have an alternative mechanism to arrange budgets as and when required without delaying important actions that are critical to the success of the overall drug policy. Failure to do so in the current system therefore broadens the ground for the current drug policy to be considered ineffective.

Similarly, it is widely believed among the interview respondents that the drug problem has escalated so far, because of the ignorance in taking the broad picture of the problem into consideration. In other words, as was mentioned in chapter one, the Maldives is used as a potential base-point for illegal shipments of precursor chemicals or large quantities of drugs meant for other countries. This means that the Maldives is among the chain of the trafficking route of drugs. In this case, there will be some specific routes that would flow through the country, which then can be considered among the real threats of drugs to the country. Thus, failure to become aware of the transnational behaviour of the problem and also to identify these routes and establish surveillance mechanisms with the focal points within these routes and other probable routes is considered another grey area that would lead to the ineffectiveness of the efforts to control the drug

problem in the Maldives. However, as was mentioned above, recently the Customs has started to work in close collaboration with WCO and intelligence agencies of the neighbouring countries to obtain the information on the specific routes, suspected traffickers and the new trends in the problem situation. Nevertheless, since the system was recently established and is at the very infant stage, the present situation still pose challenge to the current system in effectively managing it, to achieve successful results in the effort to control the problem.

On the same point, some of the interviewees further identified that the current system does not take the necessary broad picture into consideration, while making decisions with regard to the problem. According to them, as the drug problem itself is complicated, by having its roots vested in the social spectrum together with the daunting affects to their families, the society and to the country at large, whatever the decision is made should be assessed against its consequences before it is enforced. In this regard, an interview respondent identified that the current efforts by the government are not aligned with this contention of assessing the likely consequences that would be faced by them, in undertaking a specific action. According to the interviewee, *“currently the foreigners who are found to be traffickers of drugs to the Maldives are deported. However, these people get involved in the same business and visit Maldives with false passports. But, because they come with a false passport, it limits the possibility of identifying them as a deportee. This therefore facilitates the people to come up with such false identifications and deteriorate the current efforts to control them. Therefore, what I believe is that, it is necessary the decision-makers to assess their decisions for its effectiveness before it is fully incorporated into the system and becomes difficult to amend them accordingly.”* This example therefore accrues to take the full picture of the problem, which then will emphasize in identifying all possible areas of concern with regard to the action(s)

been identified. In this stance, some of the areas that would be taken into consideration include identifying who will carry out the action(s), what would be the budget on the different action(s), what would be the relationship between the individual actions taken towards the problem and what would be the likely consequences of the actions and how would they be addressed. In this context, lack of such a system present in the current efforts towards the drug problem, provides ripe grounds to contest the validity of the drug policy of the Maldives.

On similar grounds, one of the interviewee has identified the need to eliminate the “good and bad” culture that is prevalent in the Maldives, in order to obtain successful results in the current efforts to control the drug problem. According to him, *“in the Maldives, there is a strong culture which differentiates the good and bad people. As to this culture issue, a person becomes good or bad with regard to his / her actions been aligned with the strong held beliefs of good and bad. In this case, a person who fails to conform to the good actions ultimately becomes a bad person, as there are only two groups for him / her to choose. In this way, those people who are already considered bad, does not make much difference in what they do as they are already disregarded. Therefore, these groups of people are among the first who get involved in drugs, as according to them even they take drugs or not, they are already bad. And note must be made that, even if a “bad person” wants to join the good group, it is very hard for them to step in, as a person believed to be a bad person is rarely considered a good person in the present culture.”* As was identified by the interviewee, the demarcation between the good and bad people definitely increases the possibility of those people who are considered bad to undergo drug-related behaviours, as for them taking drugs would be another characteristic of the bad people. This contention is also true when considering the difficulties faced by the treated addicts when they go back into the society. In this context, once the treated individuals are not accepted by

the community, they themselves return to his / her previous group, where they feel the sense of belonging to them. In this way, the good and bad people culture is creating the opportunities for the individuals who really want to become a good person to relapse in the drug cycle. Such actions therefore can be held responsible for the escalating drug problem, as well as facilitating ineffective results to the efforts undertaken to control the problem.

Another very significant issue identified by an interview respondent includes the lack of leadership role existent in the current system to manage and execute the drug policy. According to him, *“I personally believe that NNCB was established and mandated to cover the broad context of the drug problem and handle the situation in a more holistic manner. However, they limited their mandate to only the treatment and prevention aspect of the drug policy. Thus, this resulted in lack of designated leadership and coordinating effort from the NNCB, which led the individual agencies vested with the different component of the drug problem to undertake their mandate, independently from each other. And this fact can be considered one of the very important points that facilitated to the inconsistencies in the current efforts that we are witnessing today.”* As that of the claim made by the interviewee, since the problem of drugs is a complicated issue, it requires a concerted effort from the various stakeholders concerned in the problem, to successfully achieve the intended outcomes. This then identifies the need to have an effective leadership role for the whole system to be fully planned, coordinated and well executed, and critically monitored against the standards laid for each of the components. In this way, the leadership role becomes one of the main components that facilitate to achieve the intended results from the drug policy. However, lack of such a leadership role therefore can become among the severest loopholes that are required to be patched as soon as possible, in the

course of effectively handling the drug situation as well as to achieve the core objectives of the current drug policy.

The above mentioned problems identified with regard to the overall drug policy, therefore provides a number of grounds to contest the current drug policy of the Maldives and consider the efforts to control the problem as ineffective. Note must be made that the mentioned loopholes represents the most critical ones and the incidents provided with regard to the loopholes are only one or two. This further means the possibility of having more loopholes than that of the mentioned areas, which further obscures the success of the current drug policy.

Taking the above account into consideration, it is vigilant that there are number of loopholes in the efforts to control drug problem and some of them are very significant, requiring it to take urgent actions to revise them, in order to achieve successful outcomes from the current drug policy. These problems can be divided into two broad segments. The first segment includes the occasions where the individual strategies adopted to control the drug problem are contested on the grounds that it is not performed to its full quintessence. These include from poor conditions at the prison, deficiencies in the banishment component, problems associated with DRC, lack of spirituality in the treatment component, ineffectiveness in delivering the correct message to its recipients and the ineffective system formerly used in the supply disruption. These loopholes cannot be considered as minor issues as the grounds promisingly facilitate the problem to be plagued easily from one to another. The second segment includes the occasions where the overall operations of the current drug policy are contested. These include from the failure to involve the all necessary stakeholders, absence of a blend in strategies and stakeholders, failure to adopt a balanced approach, having improper evaluation mechanisms and inappropriate budget allocation practices, to the lack of a leadership role existent in

the current system. These deficiencies, thus deprives the current efforts to go beyond the main spectrum laid to control the dilemma, and acts as a negative stance, hindering the current efforts towards the problem. The above account therefore provides many grounds for the contesting views to be strengthened and validated regarding the current policy measures on the drug problem in the Maldives.

4.3 IDEAL DRUG POLICY

The above section on public opinion survey and the loopholes found in the current drug policy has provided information and explanations to conclude that the current drug policy in the Maldives is ineffective. And the existent pores in the current system, requires it to amend its strategies, and also the whole drug policy in order to achieve successful results on the efforts to control the drug problem. In this context, it is important to identify the ideal kind of drug policy that the public are looking for, in the course of revising the drug policy. As to this state, the public opinion survey identified that majority of the respondents (88 percent) claimed to have a mixture of prohibition and public-health orientated approach towards the problem (refer Table 9). It is to be noted that, this is same with the current policy approach, although the present efforts under the current system are considered ineffective. However, the second largest responses were towards a prohibition approach, while though small in number, 12 percent of the responses stated that a mixture of prohibition, public-health and legalization is required to effectively deal with the problem (refer Table 10 for details). Note to be made that the Maldives being a country where any form of drugs is prohibited in accordance to the religious stand towards the issue, a number of respondents showing their opinion towards legalizing or accepting drugs in the country needs to be taken into consideration.

Drug Control Approaches	Response	
	(N=104)	(N=77)
Prohibition approach	21.2%	
Public health approach (through prevention and treatment programs)	4.8%	
Legalization approach (making drugs legal)	0.0%	
Mixture of two or three	74.0%	
- Prohibition and health oriented approach		88.3%
- Prohibition, Health oriented and legalization approach		11.7%
Table 10 : Public opinion towards the ideal drug control approach		

The conviction on legalization or decriminalization of drugs is been viewed by some of the interviewee respondents as well. According to an interviewee, the drug problem is a byproduct of globalization and it is impossible for Maldives to have a drug free society, as the country is heavily dependent on imports for its survival. In this way, he further claimed that, *“since there are substances which are considered to have less effect than that of smoking a cigarette, it is possible for Maldives to identify the prospects of allowing those substances or specific amounts of substances. By doing so, the present craze for drugs will be eliminated as in economic terms, when the supply is more demand is less and vice versa. This is the present situation of drugs in the Maldives, because the government prohibits any form of drugs in the country, the experimenting group or the youth want to test it, just because it is not allowed.”* As to this view, the interviewee suggests giving some form of leniency towards drugs and amending the current list of illicit drugs which in turn would result in a decline in the consumption rate, consequently reducing the current demand for drug use, as is one of the focus of the current drug policy. Similarly, another interviewee commented on introducing decriminalization component in the current drug policy. According to him, *“the present law enforcement system has drawbacks. This includes from the conditions at the prison to the inefficiencies to handle the cases at different agencies. And because of these deficiencies, the convicts are most of the time out on the street, either because there is no space in the prison, or because he is not sentenced although he is a convict. Therefore, I*

suggest the government to come up with some options like “drug courts” where only drug related matters will be handled in those courts and, much of preference to be given for the addicts to undergo rehabilitation as it is the only form that the people can be helped-out in the current system.” These views on lessening the prohibitive approach towards the drug problems encourage some form of legalization, or decriminalization of drug-related activities to ensure much of efforts to be provided to correction rather than punishment.

Besides, the preferred approach towards the drug problem, majority of the respondents believed that the drug traffickers or dealers must be given the severest punishment, even to the extent of execution. However they identified lenient measures for drug users (like fined followed by treatment or treatment alone), while there was no such trend observed to the group of convicts who are found in possession of drugs. This may be due to the complicatedness of the issue with regard to possession of drugs as it is difficult to identify whether the convict is a dealer or a user. No matter what is the reason with this group of convicts, it can be deduced that the survey respondents believe stricter punishments for the traffickers while drug users or addicts must be dealt with care with the public-health stance (refer to Table 11 for details). Furthermore, majority of the respondents believed that

Different Kinds of Convicts	Execute	Jail	Jailed followed by Treatment	Fined followed by Treatment	Treatment	Depends
(N=104)						
People who are convicted for possession of illegal drugs	0.00%	39.4%	29.8%	22.1%	0.00%	8.7%
People who are convicted for distribution or sale of illegal drugs	16.3%	82.7%	0.00%	0.00%	0.00%	1.0%
People who are convicted for using illegal drugs	0.00%	12.5%	31.7%	45.2%	10.6%	0.00%
Table 11 :Types of punishments suggested for the different kinds of convicts						

Main Focus of Drug Policy	Response	
	(N=104)	(N=81)
Focus purely on law enforcement	11.5%	
Focus purely on prevention and treatment	0.00%	
Focus purely on supply disruption	10.6%	
Focus on a mixture of two or three	77.9%	
- Priority given to law enforcement, followed by prevention and treatment and supply disruption		29.6%
- Priority given to supply disruption followed by law enforcement and prevention and treatment		70.4%
<i>Table 12: Public opinion towards the main focus of the drug policy</i>		

the existing four strategies in the fight against the drug problem as most appropriate to use against the drug problem (refer to Table 12 for details). And within this group of respondents, about 70 percent of the respondents believed in a mixture of supply disruption followed by law enforcement, prevention and treatment. The preference of supply disruption over the other strategies may be due to a felt belief that once all the entry points are blocked, it would be easier to handle the drug situation more effectively. Furthermore, the majority of survey respondents showed an urgency to control the drug situation in the country, as they have rated the likely actions that can be taken to control the problem in a very positive manner (refer to the last Table in Appendix D for details).

According to the above analysis, it can be deduced that the ideal drug policy identified by the survey respondents and the interviewees, is the same as the policy that is been currently pursued in the Maldives. This includes pursuing the current approach taken towards the problem (prohibition and public-health stance), undertaking the four strategies that structures the current drug policy (law enforcement, treatment and rehabilitation, prevention and supply disruption), and also to continue and strengthen some of the measures taken under the different strategies in the course of controlling drugs. In this context, it can be stated that the current drug policy is appropriate to control the drug situation of the Maldives,

however it requires amendments from top to bottom, for it to work effectively and succeed in its objectives.

4.0 CONCLUSION

As to the above analysis, the public opinion survey and the interviews on the current drug policy of the Maldives, clearly demonstrates that the public are contented with the current policy, its approach and its strategies used to control the drug problem in the Maldives. However, the respondents claimed that the efforts undertaken by the relevant agencies in enforcing these strategies are ineffective. This contention is further backed by providing varying bases that each of the strategies is contested with that of the overall drug policy. The arguments are further backed by interviewee respondents, who are experts in the field. Likewise, some of the major loopholes identified in the current drug strategies include, the adverse conditions provided at the prisons, too strict punishments specified by law, problems associated with banishment, deficiencies in undertaking effective law enforcement, under utilization of the DRC, problems associated with DRC referral system, lack of spirituality in the treatment component, ineffectiveness in delivering the correct message to its recipients, the ineffective system used in the supply disruption and the failure to halt the new channels of imports. Similarly, the current efforts are also contested on the overall operations of the drug policy. Some of the areas identified in this regard include failure to involve all the stakeholders, absence of a blend in strategies and stakeholders, failure to have a balanced approach, use of improper evaluations mechanisms and inappropriate budget allocation practices and lack of a leadership role in the current system. In this way, the survey respondents, together with the interview respondents suggested that the mentioned loopholes needs to be addressed, in the course of the fighting against the drug problem in the country, as it represent the ideal policy on drugs. In this way, some of the significant amendments

suggested by the respondents include identifying the possibility of decriminalization of the drugs, encouraging treatment over punishment, taking a more holistic approach whereby balancing the whole system, incorporating appropriate stakeholders, assigning them with their functions, implementing a centralized evaluation system and providing the support to all components of the drug policy in a centralized, coordinated manner.

CHAPTER FIVE: ANALYSIS OF THE LOOPHOLES

5.1 INTRODUCTION

The findings of chapter four, concludes that there are number of loopholes in the current drug policy of the Maldives and thus thwarts achieving successful results in controlling the drug problem. Based on this finding, this chapter aims to move one step further by analyzing the underlying reason(s) for the loopholes that exist in the current efforts to control the problem and to identify ways to correct them. In this context, the chapter is divided into two sections. The first half of the section intends to analyze the underlying reason(s) for the loopholes that are prevalent in the current policy of the Maldives, with regard to the findings of chapter four. The second half of the chapter intends to identify and explore a framework that can effectively assist the efforts undertaken to deal with the drug problem. In this sense, it will provide the importance of adopting the framework and also the ways that it can contribute to the efforts against the drug problem.

5.2 UNDERLYING REASONS OF THE LOOPHOLES

As to the findings of chapter four, it identifies that there are varying grounds (both major and minor grounds) for the current efforts to be contested, resulting in the current drug policy of the Maldives to be considered ineffective. The chapter also identified these grounds falls into two categories, namely the problems that are within the different strategies of the drug policy and the problems that are found in the overall drug policy of the Maldives. Despite the fact that these loopholes are categorized into two in chapter four, it is important to identify the underlying reason(s) of these loopholes as it may provide insights in understanding the loopholes with regard to the effectiveness of the drug policy of the Maldives. In this regard, the

following will attempt to explore the underlying reason(s) of the loopholes identified in chapter four.

5.2.1 Reason ONE: Inappropriate Strategy Development

Though the findings of chapter four concludes that the current strategies undertaken towards the drug problem is good enough, it also provides several occasions to doubt about the effectiveness of the strategies. Some of these occasions includes, failure to understand the importance of information or intelligence required for supply disruption; lack of integration between the law enforcement and the treatment strategy; absence of a balance between the supply-side and demand-side of the problem; failure to change the referral system of DRC despite the fact that it is underutilized; and the failure to strengthen current efforts to capture the new groups (e.g., the school students) entering into the drug problem. In the course of examining these loopholes for its underlying reasons, the researcher identifies that the loopholes are a result of the failure to undertake proper strategy development in the current drug policy of the Maldives. The main reasons for the claim by the researcher include, the failure to possess proper options under the strategies; failure to integrate one strategy to another; failure to balances the strategies; failure to amend strategy(s) or develop alternative(s) when one fails to adhere to its objectives; and the failure to address new developments in the problem, both from the demand-side as well as from the supply-side. Taking these reasons into consideration, it can be witnessed that these reasons fully posts with the claim made by the researcher, stating that one of the key underlying reasons for the loopholes is the failure to undertake proper strategy development in the current drug policy.

Taking this argument one step further, referring to a definition on strategy, according to Bryson (1995, p.130), “a strategy may be thought of as pattern of purposes, policies, programs, actions, decisions, and/or resource allocations that defines what an organization is and what it does and why it does it.” Bryson (1995) further states that strategies helps to establish a framework for setting directions, decide on the objectives, set goals, determine what specific actions are necessary, how to accomplish them and who are responsible to undertake them. Bryson (1995) also urges that strategies must be evaluated, and this has to be an ongoing process to meet any new developments in the problem. In this regard, when a strategy is to be developed it is essential that it obtains answers to the following questions. *Why has the strategy been developed? What issue is it addressing? How does it fit with the broad vision and objectives of the overall policy? What is the current situation of the problem? What do we want to achieve? How can we best achieve it? Who will be leading us to achieve it? Who do we need to involve in what and how to involve them? How will we involve scrutiny? What are the main constraints and risks and how can we overcome them? What are the financial implications? How can we evaluate the success of the strategy? How will it be implemented? How will the strategy be reviewed?* In this aspect, it can be said that if the strategies in the current drug policy of the Maldives had obtained answers to each of these questions, the loopholes with regard to strategy development may not have been present to the extent that it is been existent in the current situation. This claim further can be considered true if one considers the problems identified with regard to strategy development in this section, together with the reason held responsible for these problems by the researcher. This is because, the underlying reasons identified by the researcher with regard to the loopholes identified in chapter four, falls into either of the questions mentioned above regarding proper strategy development. Thus, it can

be stated that one of the key underlying reason(s) for the loopholes identified in chapter four is a result of failure to undergo proper strategy development.

Additionally, the findings of chapter four states that the deficiencies identified in the strategies can be due to the fact that the government adopts quick-fixes to the problem. Adopting quick-fixes to the problem means that the system fails to make decisions by taking the varying perspectives of the problem and also identifying the varying consequences of the decisions being made. Such a system would thus deprive to identify whether the strategies fit into the problem. This could be in terms of whether there is a match between the context of the problem and its actions, whether the individual strategies fall into the broad picture of actions taken towards the problem, what would be the likely consequences of the decisions being made and how the consequences would be addressed. In addition, it would also deprive the relevant authorities being prepared to any unexpected occurrences in the problem area, having a blend and balance in the different strategies adopted as well as adopting the parameters within which the strategies must be executed. These deficiencies in the quick-fix approach resembles with the problems identified by the researcher in terms of failing to undergo proper strategy developments. And because it is the reality that the current system in the Maldives use to adopt quick-fixes to problems, and it can be considered the actual reason for blocking the way to adopt appropriate strategy development, the claim made by the researcher on the underlying reason(s) for the loopholes identified in chapter four, can be validated on this ground. However, no matter what are the reasons for the failure to adopt proper strategy development mechanisms, the above contentions reveals that one of the primary underlying reason(s) for the loopholes identified in chapter four is due to the failure to undergo proper strategy development.

5.2.2 Reason TWO: Inappropriate Stakeholder Participation

As has been identified in the findings of chapter four, the current drug policy possess several loopholes with regard to stakeholder participation. Some of the incidences include, failure to encompass important stakeholders in the fight against drugs; limited community participation in the course of attending the problem, more specifically community participation was accommodated only in the form of informing/reporting about any drug-related activities to the authorities; and the failure to coordinate and cooperate actions of the law enforcement agency (namely, the Police) and the treatment and rehabilitation agency (namely, the NNCB) in providing treatment and rehabilitation in the prison. In exploring these loopholes for its underlying reason(s), the researcher identifies that these loopholes emerge as a result of the failure to adopt appropriate stakeholder participation in the current actions towards the drug problem. This is in terms of that the current system fails to involve all the stakeholders from the relevant areas of concern, limits the extent to which the stakeholders are given the chance to participate in the decision-making processes as well as in the implementation, and the failure to work cohesively among the stakeholders in attending the different strategies and the overall drug policy. Referring to this explanation on the problems associated with inappropriate stakeholder participation, the claim made by the researcher can be approved, as the deficiencies identified poses huge threats in attaining successful results.

Apart from the claim made above, as the problem of drugs is a daunting problem in its nature and it requires to be addressed from the varying dimensions of the problem, appropriate stakeholder participation becomes a necessity to deal with the problem. This is because the drug problem requires appropriate knowledge, different perspectives and information from the different areas of concern in order

to make comprehensive decisions as well as to implement same with the assistance from the relevant stakeholders. In addition, it requires participation to be a collaborative attempt, whereby incorporating not only organized interest groups of the problem, but also profit-making and non-profit organizations, planners, public administrators and also the general public at large, where each of the stakeholders interact and influence one another in the course of deciding on the best options to fight against the drug problem. In this way no one individual stakeholder will be deprived of any actions, instead all the stakeholders will be offered with equal discretion to actively participate in developing policy options and implementing programs. Thus, it can be concluded that lack of appropriate stakeholder participation would result in similar problems identified above in this section, whereby hindering the decisions being made, and also lacking the appropriate support to execute them. In this aspect, lack of appropriate stakeholder participation can be considered as the second foremost underlying reason that can be held responsible for the loopholes identified in chapter four.

Note to be made that, appropriate stakeholder participation is not only being used for multifaceted, daunting problems, however, it is being widely accentuated by the present governance structures where the governments themselves involve a wide range of participants in their policy making processes. According to this structure, the main aim of this participatory program is to make the stakeholders responsible for the decision-making process and for their behaviour, which then have a significant influence on the ways they use their resources. This further marks the importance given to appropriate stakeholder participation, in the course of successfully dealing with public policies. Thus, failure to adhere to same would definitely hinder the success of the policies, as is the situation with the drug policy of the Maldives. This contention further can be added to the researchers claim, as

it also emphasize on the importance of having appropriate stakeholder participation in the public policy arena, while failure to possess same may end up with the kind of loopholes identified in chapter four.

In contrast to the above contentions, one may note that stakeholder involvement was emphasized in the strategy development component. In this aspect, it can be said that stakeholder participation was not exacted appropriately because of the fact that the current system failed to undertake appropriate strategy development. However, despite the fact that stakeholder participation is a component in strategy development, considering the huge deficiencies associated with the failure to possess appropriate stakeholder participation and also the positive consequences of having appropriate stakeholder participation, the component needs to be voiced-out separately from the strategy component. In other words, this is to show the magnitude of consequences that it may lead depending on its presence or absence in the current system to fight against drugs.

5.2.3 Reason THREE: Improper Monitoring and Evaluation

The findings of chapter four reveal that the current efforts do not give much attention to the monitoring and evaluation component in addressing the drug problem. Referring to some instances of this kind, chapter four identifies that the current system have limited information on the part of its efforts undertaken, possess inconsistencies even in the available information, and thus fails to analyze the data effectively. With regard to these loopholes, the researcher identifies that these loopholes emerge as a result of the failure to adopt a proper monitoring and evaluation mechanism in the current actions towards the drug problem. The main reasons for the claim by the researcher include, the current system established to fight against drug problem fails to emphasize on the

monitoring and evaluation component, and more specifically it fails to understand the importance of a centralized monitoring and evaluation system, thus posing all sorts of predicaments in data collection, analysis and reporting same. In this respect, the claim made by the researcher can be validated on the ground of presenting the consequences of having and not having a proper monitoring and evaluation mechanism in the fight against drugs.

Additionally, according to Kusek and Rist (2004), monitoring and evaluation provides government officials, tasked managers, and civil society with better means for learning from the past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders. In this aspect, monitoring and evaluation component will incorporate all the relevant parameters for performance evaluations, capture the achievements at different levels and times, and links the results with that of the policy developments undertaken in the area. In addition, it can also be used to alert the under performed areas, assess the extents that it is aligned with the developments in the arena, provide valid reasons to initiate change in any of the components of the policy, and also to exploit the resources in the most effective and efficient manner. Considering these positive consequences associated with effective monitoring and evaluation, especially as a tool to exact the actions in attending the problem, the claim made by the researcher can be further strengthened as to the loopholes identified in chapter four.

Apart from the above mentioned points, since the drug problem is a critical problem even to the general public, it is important to provide up-to-date information on the problem and their actions to all of its stakeholders. By doing so, the public will be informed about the performances of the current efforts, as well as how their tax money is been spent on the arena. In other words, proper

monitoring and evaluation can create transparency in the arena, and also act in terms of pressurizing the agencies responsible for different segments to achieve the intended outcomes, utilize resources effectively and also to align the efforts to developments in the arena. However, failure to have an effective mechanism to monitor, evaluate and report, will somehow relax the actions of the stakeholders, as there is no way to assess the efforts of the current attempts towards the problem. This in turn would affect the overall objective of the drug policy and increase the loopholes in the system. Making use of the monitoring and evaluation component as a tool to create and sustain accountability in the current efforts to fight against the drug problem, adds up to the claim made by the researcher with regard to the positive consequences attached to having a proper monitoring and evaluation system. In other words, failure to establish appropriate monitoring and evaluation system in addressing the drug problem can be held responsible for the loopholes identified in chapter four.

Additionally, as that of the stakeholder component, one may also state that monitoring and evaluation can be considered within the strategy development component. This is because, the strategy development component emphasize to incorporate monitoring and evaluation in order to assess the performances against the intended outcomes, improve the actions with regard to any uncertainty or shifts in the environment, at the same time strengthening the validity of the strategies. However, despite the fact that monitoring and evaluation is a component in strategy development, considering the numbers and extent of the negative consequences associated with the failure to adopt the component, a need arises to highlight the component separately from that of the strategy component. This is to demonstrate the significance of this component in the course of addressing the drug problem.

5.2.4 Reason FOUR: Inappropriate Budget Allocation and Management

Apart from the loopholes mentioned above, chapter four also identifies that there exist a number of problems associated with the support facilities and among which financial resource or the budget issue was considered most. As to the findings of chapter four, the current system possesses varying problems associated with the current budget allocation mechanisms. This includes, in the current system budget is allocated to individual agencies working on the problem, and this provides grounds for shortage in budget for one agency while the other may have a surplus, has the possibility of misusing the budget in the form of undertaking actions just for name-sake to utilize the budget and it may also end-up in utilizing the budget allocated for drugs in other activities of the agencies. These deficiencies in the current budget allocation system makes the researcher claim that another significant reason that can be held responsible for the loopholes identified in chapter four can be the failure to adopt an appropriate mechanism to allocate and manage the budget component. In this stance, in order to address the above mentioned problems with regard to the budget component, the researcher with the help of an interview respondent identifies that a centralized budget would be an option that the current system can adopt to ease the problems mentioned above. The researcher further identifies that by doing so, the budget will be formulated and allocated for each and every action undertaken by the relevant agencies, rather than a budget to be allocated to the agencies involved in undertaking the actions. The researcher also claims that adopting a centralized budget will further allow resources to be aligned with the actions in a manner that is consistent with the strategies identified - or it will give rise to performance-based budgeting or outcome-oriented budgeting. Considering these positive consequences associated with centralized budget allocation, the researcher's claim further can be on the winning-side, as it state a

key reason for the existent loopholes in chapter four is due to the fact that the current system fails to adopt appropriate budget allocation and management mechanisms.

Referring to the incident of directly lobbying with the President to purchase the x-ray machines required for the seaports, openly reveals how inappropriate is the current budget allocations in the current system. This is because, since the installation of x-ray machines at the seaports is to be taken as a crucial action in the fight against drugs in the context of the Maldives, requesting budget for those machines meant the agency is under-funded with regard to the necessary actions expected of them. The incident may also be regarded as an incident of short sightedness on the part of the agency in spending the limited budget allocated to them. This is because, as the current system gives the specific agencies the discretion of deciding on how they will action against the problem, provides them with the opportunity to prioritize their actions, as well as to allocate budget for those actions. Because of this fact, it can be stated that there is a possibility for the agencies to give preference to the newly introduced easy problems while the crucial difficult tasks to be left unattended either due to lack of budget or for other reasons. Such inefficiencies in the system thus provides the need to adopt an appropriate budget allocation and management system, which then will allow transfer of money from one agency to another as and when need arises, and to align resources to the actions taken by the agencies. In addition, this will also pave way to achieve the goals and objectives of the drug policy. As to the above contentions made with regard to the ineffectiveness and inefficiencies in managing the budget allocated for each of the agencies, the claim made by the researcher can be further fortified. This is because the negative consequences attached with the current budget system, possess the need to adopt a proper budget allocation and management system, so is the claim of the researcher.

In contrast to the problems vested in the budget allocation and management, it is important to note that the current system does not pose the need to identify alternative ways to raise funds for the current efforts to fight against drugs. Rather the current system is more constrained within the budget provided by the government. However, because the Maldives is among the third world countries, and the immense costs required to fight against the problem (e.g., USD 1,000 per person in rehabilitation services) is an unattainable amount to the government alone, with regard to the growing trend in the problem. And to this fact, the researcher identifies the need to search for alternative ways and means to obtain funds apart from depending wholly on the government funds. According to the researcher, this will relax the burden on the government in terms of financing all the actions undertaken by the agencies to control the drug problem. The researcher further believes that, this will also pave way to incorporate new concepts such as privatization, subsidization as well as private agencies sponsoring specific actions towards the drug problem. These broad perspectives in the problem area thus provides the need to adopt an appropriate budget allocation and management system to come up with all possible means to address the problem in the most effective manner. Referring to the appealing conditions attached with having an appropriate budget allocation and management system, the claim made by the researcher further can be tied to this contention. This is on the ground that the researcher also made note on the point that the loopholes identified in chapter four are partly due to the failure to have an inappropriate budget allocation and management system within the current efforts to fight against the drug problem.

Similar to the stakeholder component, and monitoring and evaluation component, although the budget component is emphasized in the strategy component, it

becomes a necessity to stress on the component in separate to the strategy component due to the critical role played by the budget in any public policy issue. In addition, because the budget is the component which fuels any activity as almost all activities requires some form of funds to execute the actions, the budget component requires to be highlighted as a main component among the loopholes identified in chapter four.

5.2.5 Reason FIVE: Lack of Integration between the Components

As has been pointed out in the findings of chapter four, the current efforts towards the drug problem is found to be fragmented in its nature, thus failing to achieve the individual objectives as well as overall objectives of the drug policy. From the findings of chapter four, it was observed that this fragmentation is occurring at different levels. This includes when two or more strategies essential for a common outcome acts independently from each other, and when the different elements within a strategy fails to achieve a coherence and consistency in achieving the desired outcome. As a result, these inconsistencies prevent the synergy required among and between the different strategies of the drug policy. A good example of this kind is the incident where the purchase of the x-ray machines under the supply disruption strategy was not supported by the budget component. As to this incident, the researcher claims that the obstacles confronted with regard to the issue were due to the failure to integrate the two components of budget and strategy. And the researcher further states that if the two components was integrated, the decision to purchase the machines would be aligned with the budget, and any obstacles with regard to the issue would be attended in a cohesive manner as the two components cannot perform independently from each other. Taking the positive aspects of integration between the components both within and the outside components necessary to

fight against the drug problem, the researcher claims that lack of integration between the components and within the components as another key underlying reason for the loopholes identified in chapter four.

The failure to have an integrated nature of actions can be attributed to the fact that current system uses quick-fixes to the problem, as was identified in chapter four and in the above discussion. However, despite identifying the cause(s) of the problem, failure to have an integrated, cohesive stance towards the drug problem creates discrepancies in the efforts undertaken. These discrepancies are vigilant in the case of Maldives in the form of having lack of resources or budget to specific strategies, possessing lack of or inappropriate monitoring and evaluation mechanisms to identify whether a specific action is successfully achieved or not, or whether all the relevant stakeholders are present in undertaking specific actions. In addition, posing on the importance of integrating the strategies of the drug policy and the components within the strategies, much of the emphasis is also required to integrate the strategies to the problem context, which then would be able to formulate strategies in line with the context of the problem. These claims further strengthens the argument made by the researcher that the loopholes found in chapter four are partly as a result of lack of an integration in the efforts to control the drug problem.

5.2.6 Reason SIX: Actions in Isolation with Problem

For any kind of problem, no matter which approach is taken to address it, problems must not be isolated from the actions taken to correct them. However, referring to the efforts taken towards the drug problem in the Maldives, it was evident from chapter four that the current system failed to attend the root-causes of the problem. It is to be noted that the root-causes were neither considered

even in the very early actions taken towards the problem, nor it was adopted in the current efforts as well as in the newly approved DCMP to control the problem. Failure to consider the root-causes at the different times of decisions being made, thus identifies the actions that were taken to control the problem was developed in isolation of the problem. This deficiency in the system will further limit the possibility to attend the actual problem, at the same time it will provide grounds to give birth to new problems in the arena (as negative consequences to the actions). In this aspect, no matter a country undertakes the most prevalent policy in the subject matter or adopts the best practices in the arena, it is impossible to make a control on the problem, as well as to obtain successful results in the actions taken towards the problem. This is because isolating the problem and the actions to control the problem leaves the bedrock of the problem unattended, which further has the potential to deteriorate the whole situation. As to this contention on the importance of considering the problem while deciding on the actions, the researcher claims that this is another core reason for the loopholes identified in chapter four. This is because it would be impossible to attend a problem successfully, without being aware of the problem.

To put weight onto the importance of aligning the actions to the problem, one can attach this argument to a widely known example of this kind in the drug problem. In the Maldives, it is widely believed that the people who get involved in drugs in the present situation are mostly those who are unemployed and those who do not have any work to do. The main reason for them to be part of the problem is due to the education system in the country. According to the current system, basic education in the Maldives is considered as completing the secondary education, and the last examination of the secondary education is to sit for the London General Certificate Exam (Ordinary Level), presently known as the Cambridge Examination (Ordinary Level). Failure to complete the secondary education leads

the individuals being not accepted in the society. This is because there is no possibility for this group of individuals to obtain clean jobs as completion of the secondary education is the lowest criteria of entrance for clean jobs. The next available option for this group of people is to undergo the different kinds of vocational educational and training programs that provide technical knowledge in different areas. However, this option is only limited to those who can afford to undergo the programs. Thus, failure to do so, leaves these people with one option in terms of employability - i.e., to undertake unclean jobs. But because the Maldives is a small country with a few population and if these individuals go into unclean jobs they feel ashamed because of the societal viewpoint laid on them, as well as the news of them working in the unclean sector is spread overnight. Due to these unpromising burdens laid onto these individuals from the society, they choose to be unemployed to avoid negative circumstances that may arise to them. Note to be made that in the Maldives, unemployment is still considered amongst the core problems of the issue, and is still prevalent in the current system. With regard to the purpose of this chapter, the example shows the extent to which the current system has isolated the problem from its actions undertaken. In fact, even at present this group of individuals poses utmost threat to deteriorate the drug problem in the country, however there is no one measure / action dedicated to put a halt or relaxation on this problem. It is also to be noted that the same situation applies to all other root-causes mentioned in chapter four, as they are still left untouched while the government is undertaking several efforts to control the drug problem. Thus, as to the above example and the following explanations, the researcher's claim can be further validated on the ground that the loopholes identified in chapter four are partly held responsible for the failure to understand the problem while making decisions/plans to address those problems.

Despite the fact that the current efforts isolate the problem from its actions, it is also true that the government with the assistance from the UNDP has undertaken a study (namely, RSA) to identify the actual drug situation in the Maldives. The study was aimed at developing and aligning the DCMP to address the problem by taking its root-causes. However, the DCMP developed to action against the drug problem, yet fail to address the root-causes of the problem. In this respect, it can be said that the purpose of the RSA has not been met, as the findings of RSA does not make any difference to the actions identified to the problem. The discrepancies in the actions with that of the causes of those problems, therefore can be held responsible for almost all loopholes in the system as it is very unlikely to address the problem, when the actions taken towards the problem is not aligned with each other. In this aspect, as was claimed by the researcher, the loopholes existent in the current system can be partly held responsible for the failure to take actions away from its problems.

5.2.7 Reason SEVEN: Actions in Isolation with Context

Similarly, one of the reasons that have contributed to the failure of the drug policy in Maldives is the fact that the solutions or the strategies are formulated in isolation to the context of the problem. One of the largest contributing factors of this can be the adoption of quick-fixes to the problems by the government. As a result, it fails to undertake the appropriate deliberation with regard to the problem, and hence fails to grasp the actual context of the problem. One of the very significant occurrences found in this regard is the failure to emphasize on the religious point of view in the current strategies to control the drug problem. It is true that the drug law is based on the religious perspective (i.e., in terms of prohibition), however it is also true that the actions taken in the course of executing the law is not aligned with the religious perspective taken by the law.

This applies both to the strategies and the consequent options under the strategies, where neither of them emphasizes on the religious stand taken by the law towards the problem. Because the context is referred as a circumstance or a setting in which an event occurs, context cannot be isolated from the problem, or from its action(s). Thus, failing to understand the problem and its action(s) from the context in which it is embedded, obscures the intended outcomes as well as to deteriorate the current situation of drugs. Referring to the above contentions and the statement made in the opening of this paragraph, the researcher claims that failure to develop solutions with regard to its context can be considered another core reason that could be held responsible for the loopholes identified in chapter four.

As was mentioned in chapter one, the Maldives is an Islamic country, and prohibits drugs under the Islamic law and its teachings. Use of any form of narcotic drug is considered as a taboo in the religious teachings. As to this perspective, the current trends in the drug problem therefore can be identified as a result of lack of religious understanding, belief and spirituality among the people of the country. It is therefore essential to incorporate the religious point of view in each of the strategies / options undertaken in addressing the problem. It is also to be noted that the Maldives prohibits consumption of alcohol, and this is enforced quite effectively by the country. It can be said that, prohibition of alcohol is achieved in the Maldives, through the long held beliefs that has been established in the country by means of education (from schools, parents and community at large) to avoid alcohol being a Muslim. In this way, although drugs are a new phenomenon to the Maldives, but because it is prohibited in accordance to the religious perspective as that of alcohol, it is necessary to take the religious stance in every action undertaken to control the problem. This then would result to have a strategic fit between the context and actions taken towards the problem,

consequently facilitating to lessen or overcome the problem. The arguments made in this paragraph further puts weight on the claim made by the researcher on the ground that the loopholes identified in chapter four are partly due to the failure to have a fit between the actions and its context towards the drug problem.

Despite the importance of considering the context of the problem with that of identifying the actions towards the problem, the findings of chapter four identified varying occasions where the current efforts failed to undertake the context of the problem when deciding on the strategies and its options. An example of the kind can be the failure to capture the inner spirit of the convicts, as the treatment and rehabilitation strategy failed to impose the religious stance in it. Similarly, failure to provide the correct message to the recipients under prevention strategy due to the fact that it undertakes western counseling methods can also be considered as another occasion of same kind. Since these failures are accrued to thwart successful results on the part of the current drug policy, it is important to consider the context when deciding on the actions to control the problem. As was identified in chapter four, failure to take the context of the problem further can be attached to the fact that the government takes quick-fix approaches to deal with problems. This therefore may have resulted in undertaking ready-made already successful strategies / measures, instead of taking the wider context of the problem and customizing the actions to the problem context. However, no matter what is/are the cause(s) for the failure to have a match between the actions taken with that of the context of the problem, with regard to the purpose of this chapter, it can be stated that the claim made by the researcher is strengthened by the contentions made in this paragraph. Thus this makes clear that failure to have a match between the actions taken with that of the context of the problem is another key reason for the loopholes identified in chapter four.

As to the above analysis in identifying the underlying reason(s) for the loopholes mentioned in chapter four, it identified there are varying areas which are absent in the current system and these can be further categorized into seven main areas. These areas include, the current system fails to adopt proper strategy development, limits appropriate stakeholder participation and fails to possess effective monitoring and evaluation mechanisms, together with a proper budget allocation and management system. In addition, it also lacks the integration between the components that are needed to action the problem, fails to have a strategic fit between the actions and its actual problems as well as between the actions and its context. The following figure (Figure 5) represents the above contention in a pictorial format.

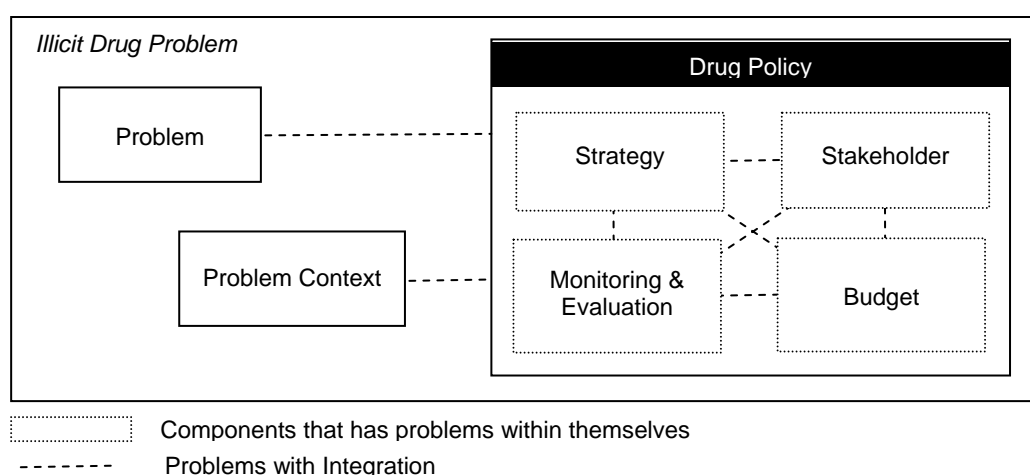


Figure 5: Current situation of the drug policy as to the core objectives of the comprehensive approach (Note: there exist no integration between any of the components identified, and the problem and the problem context lies outside the drug policy).

Referring to Figure 5, it is vigilant that the reasons identified with regard to the loopholes in chapter four lead to think of the components and the objectives of the comprehensive approach identified in chapter two. More specifically, it leads to identify that the current efforts taken towards the drug problem in the Maldives, fails to achieve the core objectives of the comprehensive approach. This is in terms of failure to possess all the relevant components necessary to execute actions, failure to take the wider context of the problem and to have a balanced effort to handle the

situation and also to integrate all the necessary factors in the attempt to control the problem. In this stance, it can be stated that the underlying reasons of the loopholes identified in chapter four proved that the ineffectiveness in the drug policy of the Maldives is mainly due to that fact that it failed to adopt a comprehensive approach. This contention can be further attached to the third objective of this research, which aims to identify the possible amendments or new concepts that can be incorporated in filling the loopholes and strengthening the current drug policy. This is because, although the findings of chapter four identified varying problems in the current efforts to control the drug problem in the Maldives, the above discussions verify that the underlying problems in the loopholes fall into the broad category of failure to possess a comprehensive approach in fighting against the drug problem. Thus, taking the above discussion into account, it can be concluded that the current efforts require to adopt a comprehensive approach to fight against the drug problem, and amend the loopholes accordingly by taking the perspective laid in the comprehensive approach.

5.3 COMPREHENSIVE APPROACH – HOW CAN IT CONTRIBUTE?

From the above discussion it clearly identifies that the loopholes existent in the current efforts to control the drug problem falls into the broad category of failure to have a comprehensive approach in the fight against the problem. Moreover, the discussion also has provided some occasions where the current efforts in the Maldives can use the comprehensive approach and how important it is to adopt such an approach to control the drug problem. Accordingly, the main aim of this section is to provide a detailed view on how the framework identified in the comprehensive approach can assist in effectively dealing with the drug problem in the Maldives. However, due to the fact that there is no specific literature on the said approach, and especially with regard to the drug problem, this section will attempt to provide as much as information by making assumptions within the limited framework outlined in

chapter two. It must be also noted that a complete description of the approach regarding the drug problem will lie beyond the scope of this thesis as the approach can go to varying extends. In spite of this fact, given that the purpose of this section is to provide the backing for the importance of adopting the comprehensive approach in the fight against the drug problem, and more specifically to the context of Maldives, it will provide a background analysis on the ways that it can contribute to the efforts against the drug problem. Having said that, the following section will analyze each and every component in the theoretical framework of the comprehensive approach independently from each other, to identify how the key characteristics of the components provides the need to adopt such an approach to fight against the drug problem. The section will be concluded by linking the arguments from this section to the findings and analyses made on the current situation of the Maldives with regard to the drug problem.

5.3.1 Stakeholder

Referring to the explanations provided regarding the comprehensive approach in chapter two, stakeholders are meant to be the people who are responsible for establishing goals, objectives, targets and measures in the course of controlling the drug problem. The framework therefore identifies the need to incorporate all the stakeholders in the problem, including the different agencies as well as the wider community at large. The need to incorporate all the relevant stakeholders is vested upon the fact that if the stakeholders are given the responsibility of handling the problem, from the beginning till the end, they will comprise of experts from the different areas of concern with regard to the problem. These experts then can be categorized into varying groups with regard to their expertise in the field. This can be either in the form of policy design and implementation workgroups or any other groups, in order to utilize the expert knowledge from the

different areas. Categorization of the stakeholders may also give rise to emergence of a core working group who undertakes the responsibility of the overall drug policy and thus carries out the leadership role within the stakeholders. This may be a group composed of the different stakeholders at the ministerial level due to the critical nature of the drug problem or an institution mandated to work as the leading institution with full authority to undertake all relevant actions with regard to the problem. The emphasis given to incorporate all relevant stakeholders and grouping them into expert categories, with that of possessing guidance from the stakeholders undertaking the leadership role, thus gives rise to work in a cohesive, integrated manner, and also to make consensus based decisions with regard to the problem. This further would lead to avoid negative consequences such as: parochialism of individuals responsible for developing strategies due to the cohesive nature emphasized in the system; deviation from the actual plans due to strict monitoring of the actions undertaken; inconsistencies in the strategies undertaken by the different stakeholders because of attending the problem in a fragmented manner; and also blaming different stakeholders for under-performance as the system will inform about the reasons for under-performance, and will be corrected accordingly. Taking the framework laid in the comprehensive approach with regard to stakeholder component, it identifies the need to incorporate such an approach with regard to the drug problem. This is because the drug problem itself has varying stakeholders due to the nature of the problem, and it is widely presumed in the arena that without appropriate participation of all the stakeholders involved in the problem, it would be impossible to effectively control the problem.

Apart from the importance provided to have all the relevant stakeholders, the theoretical framework also emphasize to note the fact that formulation of appropriate strategies are only possible if the rest of the components in the framework facilitate the stakeholders to undertake their tasks effectively. For example, the stakeholders' job to formulate / amend strategies is vested onto the guidance provided from the budget, as well as from the information provided from monitoring and evaluation component. In this way, it must be noted that strategies to fight against the drug problem are formulated as a result of the various activities undertaken by the stakeholders. Same is the case with the budget and the monitoring and evaluation component, where the request for the budget and obtaining the information for the strategies is also a result of various tasks taken by the stakeholders with regard to each of the components. And without the stakeholders, it is impossible to develop appropriate strategies to fight against the problem. This

contention is further expressed in Figure 6, showing the stakeholders relationship with that of the rest of the core components of the comprehensive approach in the fight against

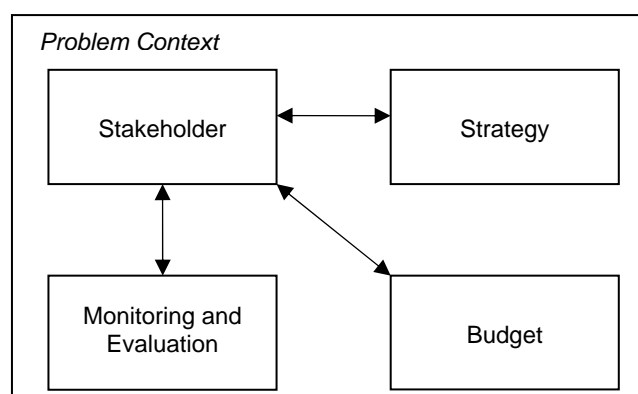


Figure 6: Theoretical framework showing stakeholder interactions / relationship with the rest of the

drug problem. As to the emphasis given to integrate the components, it shows that the stakeholder component cannot work independently from the rest of the components. In addition, it also provides the view that the stakeholders are the ultimate component which decides / formulates the strategies with the assistance from the rest of the two components. In this stance, it further provides the importance of having all the relevant stakeholders without fail in the efforts to control the drug problem. In this context, the emphasis to integrate all the

components becomes a necessity in the course of attending a problem, within the comprehensive approach. And most importantly, since the drug problem is critical in nature, it requires to encompass all the components identified in the comprehensive approach, gives rise to adopt such an approach in the fight against drug problem.

Apart from the utmost need provided to establish connections with the key components of the comprehensive approach, it also poses the need to establish connections within the component itself. In this way, it emphasizes to incorporate all the relevant stakeholders relevant for a task and undertake coordinated efforts to achieve the task appropriately. The following figure (Figure 7) shows this conception with regard to “Formulate strategies to action against the drug problem”.

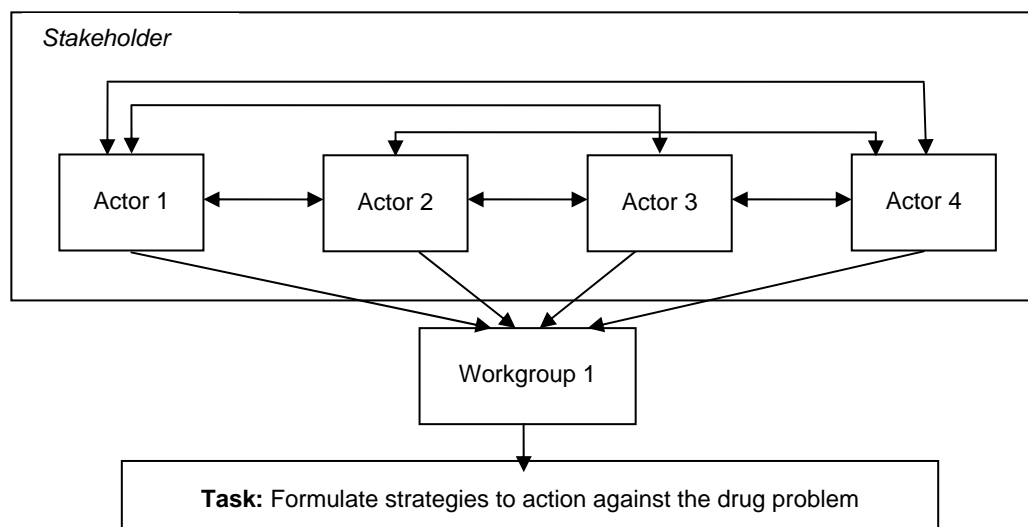


Figure 7: Integration within the Stakeholder component in order to achieve the task of “Formulate strategies to action against the drug problem.”

According to Figure 6, the four actors make contributions or are held responsible to formulate the strategies which are intended to control the drug problem. The figure also shows that this is done by interacting, coordinating and cooperating with the actors dedicated to the task of formulating the strategies. This will then pave way to incorporate all the perspectives of the problem, undertake cohesive, collective and integrated efforts towards the problem and encourage consensus

based decisions. These actors may further become Workgroup 1, as to the categorization within the stakeholders depending on their expertise. This characteristic under the stakeholder component further facilitate to reveal the importance of adopting comprehensive approach, especially when the problem is complicated and involves many stakeholders who are affected by the problem to varying extents. Since, drug problem is one of the problems which require to possess all the different kinds of stakeholders and expertise, it identifies the need to adopt a comprehensive approach in order to handle the situation appropriately.

All of the above characteristics of the stakeholder component under the comprehensive approach reveal the importance of adopting comprehensive approach with regard to the drug problem, as the problem is complicated and involves many stakeholders who are affected by the problem to varying extents. Some of the critical points in this context include acceptance of all the relevant stakeholders of the problem, importance of integrating the stakeholder component with that of the supporting major components, and working at different groups, depending on the focus of the issue, and with regard to the expertise.

5.3.2 Strategy

According to the comprehensive approach, strategies are considered as the framework that allows a set of outcomes to be achieved. In this way, strategies can become a strategic plan to the overall drug policy, from which it can derive its general mission statement and specific statements of goals which is also aligned with the policy objectives of the drug problem. The strategies further can establish parameters for objectives, programs and outputs, where it will assist in deciding on the efforts by the relevant stakeholders to reach the intended performance

targets. The sequence of actions initiated from the strategic plan therefore ensures that it is not only formulating some strategies intended to control the drug problem, but it is also providing all the necessary guidelines for executing the plan in order to ensure that the strategies are attended effectively. This is in terms of providing what the strategies want to achieve, outlining the kinds of programs that has to be executed with regard to the strategies and also providing the intended performance outcomes. By doing so, the stakeholders responsible for undertaking the strategies will be aware of their intended efforts to be used in executing the strategies. Since the drug problem is a complicated, multi-faceted, multi-agency issue, it is necessary to formulate the blueprint of actions required for the problem. This is because it will assist in attending the problem cohesively and comprehensively: which then will avoid any chances of leaving important components behind; become aware of the consequences if one fails to undertake their strategies appropriately; and also to identify the importance of working cooperatively and collectively as the blueprint will identify how the individual actions merge to achieve the specific goals identified under the different strategies in align with the policy. In this stance, the strategy component appeals the drug policy to undertake the comprehensive approach as it covers the problem in a planned, cohesive manner, which limits the possibilities for errors in the current efforts to control the drug problem.

Apart from the relationship within the strategy component, it is to be noted that strategy formulation as was mentioned under the stakeholder component, is a result of varying activities undertaken by the stakeholders. These may range from problem identification, strategy development, work allocation, evaluation of the strategies, to reconciliation of the actions with that of the budget. In this stance, it provides the view, how the strategy component must be integrated with the rest of the components in the framework identified in the comprehensive approach.

According to the framework of the comprehensive approach, strategies are formulated by the stakeholders, and it receives the necessary budget as to their request to produce outputs while the monitoring and evaluation component measures the extent to which the strategies perform and this information is to be utilized in the strategy component in maintaining, revising or formulating new strategies. The relationship between the strategy component and the rest of the components in the comprehensive approach further can be viewed in the following figure (Figure 8). Intended outcomes are not possible without receiving proper inputs to the efforts taken towards the problem. Since the theoretical framework emphasize in having the relevant budget, information from the monitoring and evaluation and the stakeholders' energies in formulating the strategies, it is to be noted that these three

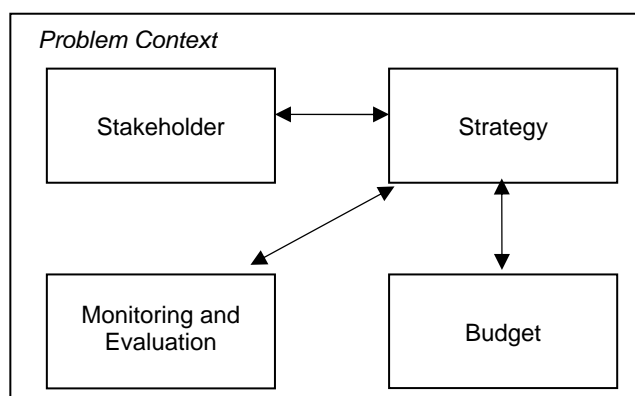


Figure 8: Theoretical framework showing strategy interactions / relationship with the rest of the

components comprise of the very basic requirements of any strategy or intended action. In this stance, there is no doubt that it is essential to have the mentioned three components ready in deciding on the actions towards the drug problem.

As the strategy formulation under the comprehensive approach, intend to start from the big picture to the lower tail, it identifies the need to incorporate all the relevant stakeholders in the field to collectively make decisions. This is to avoid any discrepancies that may arise in strategy formulation due to the strategies been formulated independently from each of its stakeholders. As a result, the collective nature of decision making, may act as a mechanism to overcome any organizational inertia both in terms of formulating effective strategies as well as

executing them in the most efficient and effective manner. In addition, it further gives rise to overcome instances of underperformance, parochialism, etc. as the collective nature of the decisions reconcile the actions of the different agencies and poses the importance of not failing to undertake the actions as is prescribed in the work plan. This is because, failure to undertake the task to the expected level may hinder the consequent activities or the objectives that the task intend to contribute, consequently jeopardizing the whole system or efforts taken to control the problem. The collective, integrated nature of decisions being made further frees the actions from political interest, as it would be difficult to amend one element without affecting another. Accounting on the plus-points of possessing integrated form of strategy formulation further provides the need to incorporate such a system in the drug problem, due to the seriousness of the problem and the large area that it needs to cover. However, care must be taken to deal with the integrated aspect of the component, as it may act negatively when a need arise to change any of the elements at once. Therefore, it is essential that the whole system to work proactively to address any such issues before hand.

As to the above characteristics of the strategy component under the comprehensive approach, it identifies several occasions that the component can effectively assist in dealing with the drug problem. These include the strategy component being able to provide a comprehensive plan of action which guides individual actions of the each of the stakeholders together with the efforts required from them to action accordingly; the strategy component being able to emphasize to have the necessary resources (in terms of information, budget, and energy) to formulate the strategies and execute them; and the strategy component being able to avoid discrepancies in the actions undertaken by each of the agencies due to the compacted, integrated nature adopted by the strategy component. These occasions further identifies the need for the strategy

component to be well-planned, proactive and comprehensive in nature (both within and with outside components) in the course of addressing the drug problem, all of which acting positively in contributing to effectively deal with the drug problem.

5.3.3 Monitoring and Evaluation

According to the comprehensive approach, monitoring and evaluation intend to focus on the results, outputs and outcomes of the programs and the objectives identified by the strategy component. In this way, it can be said that strategy is the means by which results are achieved and monitoring and evaluation is the means by which strategy is refined, abandoned or the need to develop new strategies are felt. The monitoring and evaluation therefore becomes a critical component as it offer transparency, accountability and validity on the part of the strategies undertaken, funds-raised, and other resources used in the actions taken towards a problem. In other words, it is vested with the responsibility to examine, research and report on the current actions as well as suggest alternatives with regard to the findings. This in turn would assist the strategy component to decide on whether to continue, abandon or adopt new strategies before it is too late in the course of addressing a problem. Same is the case with fund-raising and also with regard to obtaining resources to undertake specific actions. Due to the huge responsibility vested onto the component, it is important that the component to be always active, up-to-date and flexible in undertaking different kinds, extents of monitoring and evaluation of the actions undertaken towards the problem. Referring to the ways and means, the monitoring and evaluation component under the comprehensive approach contributes to the success of the strategies, fund-raising and obtaining support resources, it is important that the drug policy to adopt such an approach as it will assist to

maintain the strategies or actions to the current needs and development of the problem without fail.

As that of the previous explanation, the monitoring and evaluation component also requires to work in line with the rest of the components in the comprehensive approach. In this aspect, providing information on the outcomes of the strategies to the strategy component can be one way of integrating with that component. Similarly, because the strategy component has already incorporated the parameters of programs and objectives, the monitoring and evaluation component can accept those parameters, to avoid any inconsistencies in the measurements undertaken – this action therefore can become an input from the strategy to the evaluation component. On similar grounds, monitoring and evaluation receives budget upon request to conduct the research, while it provides information on the effectiveness of the strategies to all the stakeholders at large, at the same time the stakeholders being the actual people who undertakes the component. The monitoring and evaluation component therefore can act as the link that makes all other components to take utmost efforts on their part, as it operate in the form of reporting the successes as well as the failures of the efforts undertaken with regard to a problem. In this context, it identifies the need to adopt the comprehensive approach in the fight against drugs, as the evaluation component identifies how effective or ineffective the current efforts are towards the problem. However, it is to be noted that evaluation component cannot be achieved successfully without proper support from the rest of the components in the comprehensive approach. Thus, it provides the need to incorporate and integrate all the components that support the monitoring and evaluation component, as well as for them to be provided on a timely and effective basis, as it is among the core apparatus to the success of the strategies.

As the core objectives of the monitoring and evaluation component is to provide up-to-date precise information to refine the strategies in accordance to the needs and developments in the arena, the component under the framework of comprehensive approach definitely will assist in effectively dealing with the drug problem. This is because, as to the core objective of the component, it will exact any problem(s) that may arise within the current strategies, the new developments in the arena and any change in expectations and attitudes of the stakeholders towards the problem. And because the drug problem is a dynamic issue, it requires close supervision of the issue to avoid any delay in action as to the critical nature of the problem.

5.3.4 Budget

The budget component in the comprehensive approach can be referred as the component which supports the processes related to the appropriation and allocation of resources. In this context, it could be said that without the budget component, it would be impossible to execute any of the strategies or the evaluations, consequently collapsing the whole system. As to this phenomenal characteristic, budget is also considered among the core components in the comprehensive approach which leads to successful outcomes. With regard to the importance given to the budget component, it is essential that it poses reasonable procedures to budget allocation in order to avoid any misrepresentation of budget on any area. One of the appealing methods that can be used under the comprehensive is to have a central budget system. According to this system, the government allocates a set budget to attend a specific problem, while the individuals at the strategy formulation will be responsible for allocating the different portions of budget to the different strategies identified. With regard to the stand taken towards strategy formulation in the comprehensive approach,

adopting a centralized budget system becomes more appealing than any other system for the component. This is because, as the strategy component emphasizes to formulate the strategies with full detail of plan of action, it will require them to identify the budget for each of the actions. In this context, if they are aware of the total budget figure, they would be more confident in formulating the strategies whereby prioritizing them and allocating the relevant budgets, as they are aware of the fact that it is unlikely the budget figure will change. It is also to be noted that apart from the other kinds of budget allocations, the centralized budget system provides more flexibility in shuffling the budget among the different programs depending on the need and urgency of the matter. However, no matter which system is used in budget allocation, if one adopts a comprehensive approach the positive consequences attached to collectively attending the budget will be captured. This can include flexibility in shuffling the budget; prioritize programs depending on its importance; more transparency in budget allocation, dissemination and reallocation; and easy to handle budget-related quarrels if any. In addition, since the comprehensive approach will emphasize on consensus based decisions on the budget, the system becomes more appealing as it minimizes the instances for political interests and corruption to succeed. Furthermore, if the budget is to be handed over to the stakeholder group responsible for strategies or to an authority identified within the comprehensive approach, then it provides better opportunity to liaise with non-governmental organizations to obtain financial-aid for under-budgeted programs that are also crucial to be conducted. This is because, since the institution or the group under the comprehensive approach will be have the full information on the necessary actions required to undertake and the probable actions that may add to the results of the actions, they will be able to convince the non-governmental organizations to raise funding for those actions. In this context, with regard to the budget component within the comprehensive approach, it definitely identifies

promising grounds that the strategies will be attended successfully. In this regard, taking the pros of the budget component under the comprehensive approach, it identifies the need to adopt such an approach to effectively handle the problem with utmost efforts that it can take.

With regard to the integration feature of the comprehensive approach, the budget component is also required to integrate with the rest of the components in the approach, in order to achieve successful outcomes. In this way, the budget component accepts the cost parameters identified and requested by the stakeholders in order to undertake the strategies as well as the monitoring and evaluation function. In addition, it also receives information on the performance of strategy from monitoring and evaluation component, which would act in terms of achieving transparency in the system, as the budget has to be aware of how their funding is been utilized. Furthermore, budget component provides guidance to the stakeholders in the formulation of strategy as well as the resources necessary to implement strategies. As to the compacted nature of the components in the comprehensive approach, and more specifically with the budget component, it reveals a failure in the system at any point will hinder the whole system, thus urging it to be intact in the course of addressing the problems. Thus, it is important for any problem, including the drug problem to adopt the comprehensive approach to be aware of its key components and their relationships with each other, in order to organize mechanisms to make the best out of the situation.

As the objective of the budget component is to support the processes related to the appropriation and allocation of resources to the specific actions planned for execution, the component definitely will assist in effectively dealing with the drug problem. This is because, as the drug problem requires a whole sum of finance to

support its activities (such as maintaining the services at prisons, undertaking treatment and rehabilitation etc.), adopting the comprehensive approach therefore eases the problems associated with the budget, as it identifies better ways to allocate and distribute budget, makes it easier to raise financial-support from non-government organization to fund under-budgeted programs, and introducing transparency and avoiding misuse on budget related issues.

As to the above account in providing a detailed view on how the comprehensive approach can assist in effectively dealing with the drug problem, it identified varying promising characteristics that could have been adopted in attending the drug problem. These include identifying the need to allow participation of all the stakeholders in problem-solving, categorizing them into varying groups depending on their area of concern and their expertise, devising the strategic plan for actions that need to be taken, establishing parameters for objectives, programs and outputs identified in the strategic plan, providing appropriate budget to carry out the actions identified in the strategic plan, and stressing on strict monitoring and evaluation of the strategies identified in the strategic plan. In addition, the comprehensive approach also emphasized to take comprehensive, compacted and cohesive stance to each of its actions. This include integrating the key components of the efforts (in this paper, the stakeholder, strategy, monitoring and evaluation, and budget), integrating the elements under each of the key components, promoting consensus based decision making, and also identifying the need to have a strong leadership role to bind and guide the activities of the whole system. These characteristics further portrays that the comprehensive approach tries to capture the problem from the broad perspective, as it tries to apply the holistic stance from the beginning to the end of the actions taken. Referring to this fact and the positive reasoning provided with regard to each of the characteristics therefore identifies the significance of adopting a comprehensive approach to fight against the drug problem faced by the world at

large. This is because, as the drug problem is a multifaceted issue, escalating with speed, while the future of the problem is unknown, it becomes essential that the problem to be addressed comprehensively, cohesively and at multi-agency level in order to action it without fail, with full information, resources and budget.

Since the above mentioned thoughts regarding the comprehensive approach to attain the drug problem is not unfamiliar to the case of the Maldives, it becomes essential that the Maldives also takes such an approach to its escalating drug problem. In this aspect, with regard to the findings of chapter four and the analysis made on the first part of this chapter, it clearly identifies that the Maldives currently undertakes a fragmented, ambiguous and a reactive approach to attend the problem. This is because, it identified that each and every agency responsible for the different strategies works in isolation with each other, thus separating all the crucial functions necessary for effective outcomes. In addition, the analyses further identified that the efforts undertaken by the Maldives failed to possess most of the characteristics emphasized by the comprehensive approach. The analyses further identified that it failed to encourage participation of all the relevant stakeholders, failed to develop a comprehensive plan of action, failed to stress on the monitoring and evaluation component as well as it failed to provide appropriate budgets to the actions identified. Since these failures being vested at the core of the comprehensive approach, failure to adhere to them definitely would lead the current system undertaken by the Maldives to work inappropriately, as the system may not have the real focus that it needs to possess. Moreover, it is to be noted that the failures identified with regard to the drug problem may be accrued to the fact that the current system undertakes a quick-fix approach, which ignores the totality of the problem, while attempting to develop reactive solutions to the problem. In this stance, it can be said that quick-fix approach is to be held responsible for the failure in attempting the root-causes of the problem, together with customizing the problem to the country context. However, no

matter what causes the loopholes in the current efforts, it is essential that the Maldives to pursue a comprehensive approach even from the very moment itself due to the reasons mentioned above and also because it provides the grounds to address / prevent the existing loopholes in the drug situation. This may range from attending the problem with a new look, approaching the problem in a comprehensive manner with full information and resources and also providing the grounds to accommodate newly adopted thoughts such as the decriminalization or legalization thought on the problem.

Thus, taking the above account into consideration, it can be concluded that the comprehensive approach provides varying appealing characteristics that can be used in effectively and efficiently dealing with the drug problem. And because of the fact that the Maldives is a small developing country, with limited resources and possessing an increasing trend in the drug situation, it is essential that it undertakes an approach or a mixture of approaches that could effectively handle the problem effectively. More specifically, since the comprehensive approach aims to capture the problem from varying dimensions, it is essential that the Maldives to undertake such an approach to address the drug problem effectively

5.4 CONCLUSION

Taking the above account into consideration in analyzing the loopholes in the current efforts towards the drug problem in the Maldives, the first part of this chapter identified the loopholes in chapter four is composed of seven main areas. These areas include, actions being taken in isolation from the actual problems, actions being taken away from its context, failure to take proper strategy development mechanisms, absence of appropriate stakeholders participation, lack of emphasis given to monitoring and evaluation component together with pursuing inappropriate

budget allocation and management mechanism, and also the lack of integration between the core components required to action the problem. These seven problem areas were then identified to have a resemblance to the failure to achieve the core objectives of the comprehensive approach. In this aspect, the second part of this chapter provided a detailed explanation on how a comprehensive approach can assist in effectively dealing with the drug problem of the Maldives. Likewise, it provided all the necessary answers with regard to each of the components of the comprehensive approach, accentuating on the importance of adopting the approach. This section further concluded that the comprehensive approach provides varying appealing characteristics that can be used in effectively and efficiently dealing with problems, and more specifically dealing with the drug problem. And because the drug problem in the Maldives is increasing gradually and the current efforts undertaken to control the problem is not effective, it is essential that the system adopts a comprehensive approach as it provides more appealing grounds to address the drug problem.

CHAPTER SIX: CONCLUSION

6.0 CONCLUSION

The main objectives laid out in the beginning of this study was to examine the current drug policy of the Maldives and explore the reasons why the Maldives was unable to attend the drug problem effectively as the country is currently undertaking the most widely used drug strategies in the world. Upon discovering the reasons for the failure of the current efforts to fight against the drug problem, the study aimed to identify and suggest a policy framework that is best suitable to the Maldivian context with regard to the drug problem. In the course of achieving these objectives, data were collected from different sources including interviews with key stakeholders of the problem, conducting a public opinion telephone survey to the general public and reviewing relevant literature on the subject matter. In this stance, this chapter aims to review the key findings from the previous chapters with regard to the objectives of this study.

Analysis on the public opinion survey on the effectiveness of the current drug policy of the Maldives clearly revealed that the public are contented with the current policy, its approach and its strategies used to control the drug problem in the Maldives. However, the respondents claimed that the efforts undertaken by the relevant agencies in enforcing these strategies are ineffective. This contention was further backed by the interviewee respondents, who are the experts in the field. According to these two groups of respondents, some of the major problems identified in the current drug strategies include, the poor conditions at the prison, too strict punishments for the drug-related activities, deficiencies in undertaking effective law enforcement, under utilization of the DRC, problems associated with DRC referral system, lack of spirituality in the treatment facilities, ineffectiveness in delivering the correct message to its recipients, the ineffective system used in the supply disruption

and the failure to halt the new channels of imports. Apart from these, the respondents further identified that the current system lacks necessary stakeholder participation, a blend in the strategies and stakeholders, a balanced approach towards the problem, a proper evaluation mechanism, an appropriate budget allocation and management system and the leadership function. Despite the fact that the respondents of survey stated that the current efforts are ineffective, when they were questioned about the ideal policy that they want to have with regard to the drug problem, it is surprising to note that majority of the answers were towards having the same strategies, however with better efforts and amendments made to the strategies and its actions. This analysis further proved that the current strategies are effective, however the efforts undertaken to execute the strategies are ineffective.

Based on these findings, this study further moved to analyze the reasons for the problems identified by the respondents both in the survey questionnaire and also in the interviews. The analysis revealed that the key problems associated with the current loopholes in the existing system in the Maldives is due to the fact that the actions are taken in isolation to the real problem and its context, failure to possess proper strategy development mechanisms, absence of effective stakeholder participation, and lack of emphasis given to monitoring and evaluation component with that of inappropriate budget allocation and management mechanism. And most importantly, the analysis also identified that the current system lacks the integration between and among the core components that are required in the attempt to fight against the problem. These problems were then identified having an inclination towards the failure to possess the core objectives of the comprehensive approach that is pursued in the current drug policy arena. Thus, a need was aroused to verify how a comprehensive approach could assist in achieving successful results in the fight against drugs and more specifically in the Maldivian context. In this context, the comprehensive approach was explored with regard to the drug problem in the

Maldives. And this investigation provided varying appealing characteristics that can be used in effectively and efficiently dealing with the drug problem. This include the need to possess all the relevant stakeholders in the problem, possess effective strategy formulation mechanisms whereby emphasizing on all aspects of the problem, its strategies, options, targets, and undertaking effective monitoring and evaluation together with the provision of appropriate budget for the problem. Most importantly it identifies the need to integrate the said components as it is believed that none of the components can work independently from each other. In this aspect, it states that unless, otherwise the above mentioned points are understood and adhered to the very depth, the negative consequences that are prevalent in the current situation would not gain winning results. Therefore to succeed in the utmost efforts taken to control the drug problem in the Maldives, the study claims that it is necessary that it takes a comprehensive approach to its actions.

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APPENDIX A: INTERVIEW LIST

	Job Title	Organization
1.	Minister	
2.	Senior Deputy Commissioner of Police	Maldives Police Services
3.	Deputy Minister	Ministry of Home Affairs
4.	Executive Director, Policy Unit / Cabinet Division	The President's Office
5.	Executive Director, Monitoring and Evaluation Division	The President's Office
6.	Assistant Executive Director	National Narcotics Control Bureau
7.	Director	Maldives Customs Services
8.	Assistant Director General	National Narcotics Control Bureau
9.	Senior Secretary	The President's Office
10.	A former addict working as an advisor in the field	National Narcotics Control Bureau

APPENDIX B: INTERVIEW QUESTIONS

Purpose of the Interview:

The Purpose of this interview is to acquire information on the current drug policy on its effectiveness and the future of the policy?

1. What common questions about current drug policy do you get from public?
2. In your opinion, what are the main causes of the drug problem?
3. How effective is the current drug policy in attaining the causes of the drug problem?
4. What could have been the reasons for the current drug policy to fail in their effort to attain the root-causes?
5. How did the drug policy emerge and how does it work in the current system?
6. In your opinion, what parts of the current policy are working well and what parts of the current drug policy are not working well?
7. What are the possible reasons for the success factors of the policy?
8. What are the possible reasons for the failure of the policy?
9. Do you think that the failures mentioned will have any effect on the outcomes of the current drug policy? If so how?
10. If the current policy needs revision, in your opinion what are the areas that needs to be amended and how?
11. In your opinion, is the policy connected to:
 - *Health*
 - *Schools*
 - *Justice system*
 - *Religious matters*
 - *The patient's community*
 - *Private Sector*Or how comprehensive and integrated is the current drug policy?
12. In your opinion, are the current strategies consistent with each other?
13. Does the current policy have full support from all areas concerned?
14. How often the drug policy or the strategies are been revised and through what mechanism?
15. How do you see the future of the drug problem in the Maldives?
16. How do you see the future of the drug policy / strategies in the Maldives?

APPENDIX C: SURVEY QUESTIONNAIRE

Public Opinion Survey Questionnaire

- To identify the effectiveness of the current policy adopted by the Maldives -

Thank you for taking the time to participate in this telephone interview. I am going to ask you a series of questions about the current drug policy adopted by the Maldives in dealing with the problem of illicit drugs. Please answer the questions for each level. All information provided will be kept completely anonymous and confidentially.

1. General Information

1.1 In your opinion, how difficult or easy illicit drugs can be obtained in the present condition?

- ☐ Very Easy
- ☐ Easy
- ☐ Difficult
- ☐ Very Difficult

1.2 Do you personally know someone, such as a relative, close friend, neighbour or someone at work, who became addicted to illegal drugs?

- ☐ Yes, I know someone who became addicted
- ☐ No, I do not know someone who became addicted
- ☐ Not sure

1.3 Whom do you think are mostly involved in illicit drugs? You may choose more than 1 answer.

- ☐ Adolescents (between 10 and 19 years of age)
- ☐ Youth (between 20 and 49 years of age)
- ☐ Matured People (above 50 years of age)

2. Overall Government Policy

2.1 Do you think the government is undertaking enough efforts to address the drug problem in Maldives?

- ☐ Yes
- ☐ No

2.2 How much would you rank from 1 to 5 the governments' effort in dealing with the drug problem?

Very Effective	Somewhat Effective	Neither effective nor ineffective	Somewhat Ineffective	Ineffective
(1)	(2)	(3)	(4)	(5)

2.3 Which of the current strategies do you think are working well and which are not?

	Working Well	Not Working
Law Enforcement	()	()
Prevention	()	()
Treatment	()	()
Supply Disruption	()	()

3. Prevention

3.1 Do you think that prevention is an appropriate measure in controlling the drug problem?

- ☐ Yes
- ☐ No

3.2 Do you think the government efforts to prevent the drug problem are sufficient?

☐ Yes

☐ No

3.3 In your opinion from the list below, what is the best form of prevention program(s) the government is presently undertaking? (*You can choose more than one*).

☐ Awareness programs conducted to different target groups both in the capital and atolls

☐ Educating school children on the dangers of drugs

☐ Conducting life skills classes for students above grade 8

☐ Awareness programs conducted through mass media

☐ None

If None, explain:

3.4 How would you rate the prevention programs in a scale of 1 to 5?

Very Effective

Somewhat
Effective

Neither effective
nor ineffective

Somewhat
Ineffective

Ineffective

①

②

③

④

⑤

3.5 In your opinion, what needs to be improved in the current prevention measure of the drug policy to better handle the drug problem in the country?

4. Treatment and Rehabilitation

4.1 Do you think that treatment and rehabilitation is an appropriate measure in controlling the drug problem?

☐ Yes

☐ No

4.2 How would you rate the current treatment and rehabilitation measures in a scale of 1 to 5?

Very Effective

Somewhat
Effective

Neither effective
nor ineffective

Somewhat
Ineffective

Ineffective

①

②

③

④

⑤

4.3 In your opinion, what needs to be improved in the treatment strategy of the drug policy to better handle the drug problem in the country?

5. Supply Disruption

5.1 Do you think that supply disruption is an appropriate measure in dealing with drug users?

☐ Yes

☐ No

5.2 Do you think the current measures to prevent the importation of drugs to Maldives are enough?

☐ Yes

☐ No

5.3 How would you rate the current supply reduction measures in a scale of 1 to 5?

Very Effective	Somewhat Effective	Neither effective nor ineffective	Somewhat Ineffective	Ineffective
(1)	(2)	(3)	(4)	(5)

5.4 Who do you think is “most active”, “active”, “little active” and “least active” in illegal drug trafficking to Maldives? Rank the groups accordingly. (You may choose more than one).

	Most Active	Active	Little Active	Least Active
Locals	()	()	()	()
Expatriate workers	()	()	()	()
Tourists	()	()	()	()
Foreigners	()	()	()	()
Locals and foreigners	()	()	()	()

5.5 Are you confident that the drugs that are been apprehended by police and customs, do not enter into the market again?

☐ Yes ☐ No

5.6 In your opinion, what needs to be improved in the supply disruption strategy of the drug policy to better handle the drug problem in the country?

6. Law enforcement

6.1 Do you think that law enforcement is an appropriate measure in dealing with drug users?

☐ Yes ☐ No

6.2 Do you think the police are doing enough to enforce the drug laws?

☐ Yes ☐ No

6.3 Do you think the customs is doing their job in preventing the drug trafficking?

☐ Yes ☐ No

6.4 How would you rate the law enforcement agencies' action in a scale of 1 to 5 to address the drug problem?

	Very Effective	Somewhat Effective	Neither effective nor ineffective	Somewhat Ineffective	Ineffective
Police	(1)	(2)	(3)	(4)	(5)
Customs	(1)	(2)	(3)	(4)	(5)

6.5 Do you think the punishments given to drug offenders are appropriate?

☐ Yes ☐ No

Comment:

6.6 Do you have confidence in the law enforcement agencies to effectively deal with the drug issue?

Strongly Agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly Disagree

①

②

③

④

⑤

Comment:

6.7 In your opinion, what needs to be improved in the law enforcement measure of the drug policy to better handle the drug problem in the country?

7. Brainstorming

7.1 Do you feel that drug use is a more of a crime that has to be handled by the criminal justice system, or more of a public health problem better handled by prevention and treatment programs, or does the issue require some form of legalization, or is a mix of two or three approaches to the problem?

☐ Prohibition Approach

☐ Public health Approach (through prevention and treatment programs)

☐ Legalization Approach (making drugs legal)

☐ Mixture of two or three. Name the mixture:

7.2 What do you think about people who are convicted for possession, distribution or sale, and using illicit drugs?

Put in Jail

Jailed followed by treatment

Fined followed by treatment

Treatment

Depends

People who are convicted for possession of illegal drugs

()

()

()

()

()

People who are convicted for distribution or sale of illegal drugs

()

()

()

()

()

People who are convicted for using illegal drugs

()

()

()

()

()

7.3 Assume that you are in charge of deciding how to spend the budget to fight the drug problem. In which of the following ways would you spend the money?

☐ All of it on law enforcement

☐ All of it on prevention and treatment

☐ All of it on supply disruption

☐ A mixture of two or three. Name the combination in sequence order or give proportion:

7.4 Following are some actions that the government could take to control the use of drugs. Would you say that it is very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective, or not effective?

Very effective

Somewhat effective

Neither effective nor ineffective

Somewhat ineffective

Not effective

Focus awareness programs on health related consequences of drugs

()

()

()

()

()

Tougher sentencing

()

()

()

()

()

Increase crime prevention practices	()	()	()	()	()
Increase rehabilitation programs	()	()	()	()	()
Focus awareness programs on the punishments related to drugs	()	()	()	()	()
Make the community more responsible for what is happening in the society	()	()	()	()	()
Incorporate religious viewpoint on the drug issue	()	()	()	()	()
Enforce more stringent immigration procedures	()	()	()	()	()
Increase social programs such as education, job training, recreation, and job creation	()	()	()	()	()
Increase in policing activities	()	()	()	()	()
Incarcerate more offenders	()	()	()	()	()

If any other actions to be incorporated please state in the following:

8.0 Personal Information

8.1 Sex

☐ Male ☐ Female

8.2 Age:

☐ 14-25
☐ 26-35
☐ 35 and above

8.3 Education

☐ Secondary school / High School
☐ Vocational training
☐ Bachelor Degree
☐ Others (specify) _____

8.4 Are you currently studying?

☐ Studying in _____
☐ Do not study

If you do not study, what is your occupation?

☐ Unemployed
☐ Private Sector _____
☐ Government Sector
☐ Others (specify) _____

Any Comment:

APPENDIX D: RAW DATA ON THE QUESTIONNAIRE SURVEY

1. General Information

- 1.1 In your opinion, how difficult or easy illicit drugs can be obtained in the present condition?

Very Easy	Easy	Difficult	Very Difficult	Total
42	43	19		104
40.4%	41.3%	18.3%	0.0%	100.00%

- 1.2 Do you personally know someone, such as a relative, close friend, neighbor or someone at work, who became addicted to illegal drugs?

Yes, I know someone who became addicted	61	58.7%
No, I do not know someone who became addicted	43	41.3%
Not sure		0.0%

- 1.3 Whom do you think are mostly involved in illicit drugs? *You may choose more than 1 answer.*

Adolescents (between 10 and 19 years of age)	53	53.0%	
Youth(between 20 and 49 years of age)	71	71.0%	
Matured People (above 50 years of age)	15	15.0%	mostly as dealers

2. Overall Government Policy

- 2.1 Do you think the government is undertaking enough efforts to address the drug problem in Maldives?

Yes	No
17	87
16.3%	83.7%

- 2.2 How much would you rank from 1 to 5 the governments' effort in dealing with the drug problem?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective	Total
0	0	36	30	38	104
0.0%	0.0%	34.6%	28.8%	36.5%	100.00%

- 2.3 Which of the current strategies do you think are working well and which are not?
You may tick more than one.

Strategies	Working Well	Not Working	Working Well	Not Working
Law Enforcement	20	84	19.2%	80.8%
Prevention	15	89	14.4%	85.6%
Treatment	43	61	41.3%	58.7%
Supply Disruption	25	79	24.0%	76.0%

3. Prevention

- 3.1 Do you think that prevention is an appropriate measure in dealing with drug users?

Yes	No
90	14
86.5%	13.5%

- 3.2 Do you think the government is conducting enough prevention programs to educate the public about the dangers of drug?

Yes	No
20	84
19.2%	80.8%

- 3.3 In your opinion from the list below, what is the best form of prevention program the government is presently undertaking? (*You can choose more than one*).

Awareness programs	No of response
Awareness programs conducted to different target groups both in the capital and atolls	14
Educating school children on the dangers of drugs	10
Conducting life skills classes for students above grade 8	18
Awareness programs conducted through mass media	22
None	49

If None, explain

- Current Prevention is too superficial - doing things just for the name sake
- Everything looks nice in paper but the reality is totally different
- Prevention sometimes cause negative consequences such as some recipients want to experiment therefore I do not support prevention. Example: a close friend was found into drugs after attending to a awareness program of drugs as he was inspired to experiment.
- It seems government is too scared to talk about drug in the public and to take action against those involved in the illicit drug users.
- The Police are insufficient to tackle the problem.
- One thing the government is doing wrong in prevention is the form of counseling.
- Current prevention programs are not good as it possess western counseling which makes the drug addicts feel that addiction is a disease for which they have to be treated

- Treatment brings only a temporary solution.
- Because government is really not doing anything to stop this instead they are favoring the situation

3.4 How would you rate the prevention programs in a scale of 1 to 5?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective	Total
0	12	37	27	28	104
0.0%	11.5%	35.6%	26.0%	26.9%	100.00%

3.5 In your opinion, what needs to be improved in the current prevention measure of the drug policy to better handle the drug problem in the country?

- Need a new government to do it
- Link the cause to whatever measure
- Need to avoid occasions to do things for the name sake
- Breath and quality of the programs needs to be taken into consideration
- Cover different areas in the awareness programs instead of giving the message that drugs are “bad”
- Show videos about the dangers more often especially in the general public
- Establish awareness using religious perspectives / make society more aware of the Islamic law and make aware of the consequence
- Have a drug law which can stop trafficking
- Take the religious ruling on the issue and execute traffickers
- Strict measures need to be taken against drug users
- Give religious education.
- I don't like the addicts being labeled as diseased as they take the advantage of the term
- Encourage parents to stop supporting children after they turn 18. Let them get jobs and fend for themselves.
- Disrupt the distributions, strengthen the law, give harsh punishments for dealers, train Police, increase rehabilitation activities, increase awareness, give more power to the Police
- Target group needs to be revised
- Not much of a comment -if firecrackers could be stopped there would be better ways to minimize it
- Restricting drugs to Maldives and whoever it brings should be given the government punishments to stop it strictly.
- Make strict rules for the problem. However even the present laws doesn't work well
- Incorporate various kinds of prevention programs, not only one or two but many; and continue the programs continuously
- No foolproof prevention programs yet
- Needs to go beyond the current awareness programs of workshops, training and media advertisements.

4. Treatment and Rehabilitation

4.1 Do you think that treatment and rehabilitation is an appropriate measure in dealing with drug users?

Yes	No
88	16
84.6%	15.4%

4.2 How would you rate the current treatment and rehabilitation measures in a scale of 1 to 5?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective	Total
0	13	45	16	30	104
0.0%	12.5%	43.3%	15.4%	28.8%	100.00%

4.3 In your opinion, what needs to be improved in the treatment measure of the drug policy to better handle the drug problem in the country?

- The problem need to be identified and handled with a new look
- Create awareness about treatment and its importance as well as the kinds of treatment available and how to obtain treatment / get treatment without becoming a convict of drugs
- Ensure that they don't get drugs during rehabilitation
- Religious viewpoint to be taken forward as we vest with the belief that we cannot have alcohol
- Lack of awareness about religion
- No proper treatment mechanism
- Need evaluation on the treatment measures such as using TRI A programs
- Provide effective counseling and stop giving small amounts of drugs as treatment
- Open more rehab. centers and take more addicts in the program even taking them forcefully
- Use spiritual or religious awareness than using western type of counseling
- DRC is only reserved for the people the authorities want – unfair in treating the addicts.
- Encourage privatization of rehabs, allow people to fund programs/projects who want to invest in it
- Don't let the government to wholly involve in the treatment
- Increase capacity of the treatments, provide employment opportunities, establish ways to welcome back to the society
- Treatment component is not effective and I know some people who cannot stay away from drugs for even 3 consecutive day, despite the fact they have undergone treatment.
- I don't know much about this so no comments
- Relapse rate must be reduced as to the huge costs involved in treatment. If the relapsing is not attained, I find no reason for treatment as it involves a lot of cost for a small country like the Maldives
- *Islamic Shareeaa* needs to be emphasized as the Maldives is a Muslim country - *the best way to cure*
- Provide better treatment have better treatment facilities

- People are not aware on treatment facility, and many are not aware about the kinds of treatment available, and how to obtain them. And also when to apply for the treatment.

5. Supply Disruption

5.1 Do you think that supply disruption is an appropriate measure in dealing with drug users?

Yes	No
95	9
91.3%	8.7%

5.2 Do you think the current measures to prevent the importation of drugs to Maldives are enough?

Yes	No
18	86
17.3%	82.7%

5.3 How would you rate the current supply reduction measures in a scale of 1 to 5?

Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective	Total
	9	37	18	40	104
0.0%	8.7%	35.6%	17.3%	38.5%	100.00%

5.4 Who do you think is “most active”, “active”, “little active” and “least active” in illegal drug trafficking to Maldives? Rank the groups accordingly. (You may choose more than one).

	Most active	Active	Little active	Least active
Locals	34	59		
Expatriate workers		2	1	3
Tourists		9	7	
Foreigners		3		
Locals and foreigners	70	29		
Total	104	102	8	3

5.5 Are you confident that the drugs that are been apprehended by customs and police, do not enter into the market again?

Yes	No	Not sure
17	65	22
16.3%	62.5%	21.2%

Comments

- The problem is not with the drugs that has been apprehended, instead the amount that exist in the market

- I hear some people saying that some of the police and customs officers are corrupted, but I am not sure
- There are occasions that Police and Customs officers are being caught with fraudulent activities; so I am not fully confident with them
- The drugs seized are destroyed at a very later period - I am not confident with the police especially, we want some transparency and prompt actions in the area
- Not sure

5.6 In your opinion, what needs to be improved in the supply disruption measure of the drug policy to better handle the drug problem in the country?

- Identify the problem with a new look
- More surveillance required in the seaports, especially in the atolls
- Transparency needs to be 100%
- More up-to-date equipment and trained staff needs to be present
- Corrupted staff need to be taken out from the system
- Establish random checks at the airports
- No one should be excluded in penalizing- this is the one of the main problems of the current policy
- Get security check for everyone in the airports, including VIPS
- Do a research on foreign methods and apply better ways to prevent the problem
- If someone is found guilty of drugs, then stick to that decision
- Use sniffer-dogs on each and every shipment arriving to the country, whether by sea or air.
- The dogs must be genuinely trained, not like the two dogs we have
- Ensure proper law enforcement by giving harsh punishment to the distributor
- Screen everybody.
- More trained sniffer dogs need to be at the airport.
- Dispose seized drugs as soon as possible: why do they keep the drugs so long before they destroy them?
- Check the baggage of all people including government officials?
- Use the dogs
- Reduce the leakages, minimize the fact that it returns back,
- Introduce a higher punishment for dealers
- Make the staff responsible for their jobs
- Since the country is small and gate ways are few, the government can hold tight control over the gates like airport and MPA,. They can monitor every seamen and connections with the ship while they are on the Maldivian dock.
- Government can give harsh punishments to those who are dealing with drugs, even to the extent of executing them or life imprisonment (if or life imprisonment- don't let them out)
- Have better security in ports especially sea ports
- Stringent recruitment policies to make the enforcement officers well trained and up-to-date and showing everyone that the government is doing enough to curb drug

6. Law enforcement

6.1 Do you think that law enforcement is an appropriate measure in dealing with drug users?

Yes	No
90	14
86.5%	13.5%

6.2 Do you think the police are doing enough to enforce the drug laws?

Yes	No
17	87
16.3%	83.7%

6.3 Do you think the customs is doing their job in preventing the drug trafficking?

Yes	No
21	83
20.2%	79.8%

6.4 How would you rate the law enforcement agencies' action in a scale of 1 to 5 to address the drug problem?

	Very Effective	Somewhat Effective	Neither Effective nor Ineffective	Somewhat Ineffective	Ineffective
Police	0	16	17	41	30
	0.0%	15.4%	16.3%	39.4%	28.8%
Customs	0	22	23	43	16
	0.0%	21.2%	22.1%	41.3%	15.4%

6.5 Do you think the punishments given to drug offenders are appropriate?

Yes	No	Not sure
15	71	18
14.4%	68.3%	17.3%

Comments

- Punishment need revision / punishment is sometimes not fair where we see some people who use drugs on the street, while everybody knows they are one of them.
- The current punishments are more than enough to control the drug problem, however, the problem arises when the punishments are not enforced in accordance to the law. No need for pardoning any convict, but stick with the punishment in the law
- Banishment needs to be avoided, because it creates more drug addicts
- Enforcement agencies are limited with the power they cannot raid suspected places and arrest those who are well-known for drug-related activities
- Some people are treated indifferent from others, and this depend on "who is been caught" or "who has to be caught",

- Harsher punishment for repeated offenders
- Punishments in the law are OK , but when it is not enforced then there is no use of them
- There are unfair occasions to punish addicts, eg., to be jailed for a long time is not a good solution, and most of the time they are released
- Use religious viewpoint and strengthen upon it
- Corruption related activities are heard often.
- Convicts in possession of more than 1 gram of drugs should not be considered as a drug trafficker or a dealer – the law is too strict
- Most of the time the staff do not care and are not so responsible
- Everyone knows who are in them; both dealers and addicts; but they live so freely because everyone knows they wont be punished

6.6 Do you have confidence in the law enforcement agencies to effectively deal with the drug issue?

Strongly Agree	Somewhat Agree	Somewhat Agree Somewhat Disagree	Somewhat disagree	Strongly Disagree	Total
0	14	42	18	30	104
0.0%	13.5%	40.4%	17.3%	28.8%	100.00%

Comments

- How can we have confidence in them as they are there to control while we experience the real dilemma now
- Enforcement officials are found in corrupt behavior
- People are sentenced but they are open in the street so there is no point for sentencing
- How could we believe that the addicts do not get drugs in the jails
- Maybe some cases are dropped by court after the hard work of police in investigating the cases.
- With the current situation, I am sure it will fail

6.7 In your opinion, what needs to be improved in the law enforcement measure of the drug policy to better handle the drug problem in the country?

- Everything / laws and regulations needs revision / we need honest staff in controlling the drugs
- Treat everyone equally / set up internal affairs to root up corruption / Law should not be above anyone Should stick to what is been decided
- We need tough drug laws and police needs to take more raids into suspected places
- Investigate the people in positions for long time for corruption, especially those in higher positions
- Execute dealers and smugglers
- Give strong punishment, reduce the circle of getting it back into the system
- If a person is found to be guilty of drugs, government should not let them out by any means. They should be in Jailed till the last second of their sentences.
- All knows addicts but i wonder why police did not apprehend them? They can keep surveillance on those who look addicts and catch them instantly

red hand. Check for them and test them for drug abuse. Have no mercy on them

- Give strict punishment to people involved in using and selling drugs

7. Brainstorming

7.1 Do you feel that drug use is a more of a crime that has to be handled by the criminal justice system, or more of a public health problem better handled by prevention and treatment programs, or does the issue require some form of legalization, or is a mix of two or three approaches to the problem?

Criminal justice system	22	21.2%
Public health oriented through prevention and treatment programs	5	4.8%
Legalization	0	0.0%
Mixture of two or three. Name the mixture:	74	74.0%
Prohibition and Health oriented	68	88.3%
prohibition / Health oriented / legalization	9	11.7%

7.2 What do you think about people who are convicted for possession, distribution or sale, and using illicit drugs?

	Death	Put in Jail	Jail followed by treatment	Fined followed by treatment	Treatment
People who are convicted for possession of illegal drugs		41	31	23	
Percentage		39.4%	29.8%	22.1%	0.0%

People who are convicted for distribution or sale of illegal drugs	17	86			
Percentage	16.3%	82.7%	0.0%	0.0%	0.0%

People who are convicted for using illegal drugs		13	33	47	11
Percentage		12.5%	31.7%	45.2%	10.6%

7.3 Assume that you are in charge of deciding how to spend the budget to fight the drug problem. In which of the following ways would you spend the money?

All of it on law enforcement	12
All of it on prevention and treatment	0
All of it on supply disruption	11
A mixture of the above	78
Priority given to law enforcement, followed by prevention and treatment and supply disruption. Give the proportion:	30
Priority given to prevention and treatment, followed by law enforcement, and supply disruption. Give the proportion:	70
Priority given to supply disruption followed by law enforcement and prevention and treatment. Give the proportion:	0

7.4 Following are some actions that the government could take to control the use of drugs. Would you say that it is very effective, somewhat effective, neither effective nor ineffective, somewhat ineffective, or not effective?

	Very Effective	Somewhat Effective	Ineffective	
Focus awareness programs on health related consequences of drugs	38	54		104
	36.5%	51.9%	0.0%	100.0%
Tougher sentencing	56	12	2	104
	53.8%	11.5%	1.9%	100.0%
Increase crime prevention practices	23	62		104
	22.1%	59.6%	0.0%	100.0%
Increase rehabilitation programs	15	67		104
	14.4%	64.4%	0.0%	100.0%
Focus awareness programs on the punishments related to drugs	46	32	2	104
	44.2%	30.8%	1.9%	100.0%
Make the community more responsible for what is happening in the society	37	53		104
	35.6%	51.0%	0.0%	100.0%
Incorporate religious viewpoint on the drug issue	58	25		104
	55.8%	24.0%	0.0%	100.0%
Enforce more stringent immigration procedures	42	25	1	104
	40.4%	24.0%	1.0%	100.0%
Increase social programs such as education, job training, recreation, and job creation	28	46		104
	26.9%	44.2%	0.0%	100.0%
Increase in policing activities	48	34		104
	46.2%	32.7%	0.0%	100.0%
Incarcerate more offenders	28	44	10	104
	26.9%	42.3%	9.6%	100.0%

If any other actions to be incorporated please state in the following:

- Tougher sentence for distributors / death penalty to distributors / fair enforcement to everyone / make sure what ever done is effective
- Passing tougher legislation

8.0 Personal Information

8.1 Sex

Male	Female
60	44
57.7%	42.3%

8.2 Age

14-25	33	31.7%
26-35	45	43.3%
35 and above	26	25.0%

8.3 Education

Secondary school / High School	61	58.7%	
Vocational training	8	7.7%	
Bachelor Degree	11	10.6%	
Others (specify)	24	23.1%	Lower secondary

8.4 Are you currently studying?

Yes	26	25.0%
No	78	75.0%

If you do not study, what is your occupation?

Unemployed	11	14.1%	school leavers / seeking for jobs
Private Sector	18	23.1%	
Government Sector	35	44.9%	
Others (specify)	14	17.9%	housewife / retired

Any Comment:

- Wish to have a better day regarding the drug problem
- Nothing is possible with the current govt.
- Supply reduction makes everything possible
- Even if parents want there kids to be sent to rehabilitation, the current system does not allow as the addict has to be positive when the authorities test them